



Health Services
LOS ANGELES COUNTY

**Los Angeles County
Board of Supervisors**

Gloria Molina
First District

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REVISED

June 15, 2010

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

21

JUNE 15, 2010

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

**APPROVAL OF SUPERSEDING PUBLIC-PRIVATE PARTNERSHIP
PROGRAM AGREEMENTS
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

John F. Schunhoff, Ph.D.
Interim Director

Gail V. Anderson, Jr., M.D.
Interim Chief Medical Officer

SUBJECT

Request approval of superseding Public-Private Partnership Program Agreements with 54 current Contractors for Primary Care, Dental Care, and Specialty Care Services.

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: 213-240-8101
Fax: 213-481-0503

www.dhs.lacounty.gov

*To improve health
through leadership,
service and education*

IT IS RECOMMENDED THAT YOUR BOARD:

1. Authorize the Interim Director of Health Services (Interim Director), or his designee, to execute new Public-Private Partnership (PPP) Program Agreements with 54 current PPP Program Strategic and Traditional Partners, listed in Attachment A, to supersede existing PPP Program Agreements effective July 1, 2009 through June 30, 2010, at a maximum cost of \$56,581,074, consisting of \$15,509,000 in Tobacco funds and \$39,660,326 in net County cost (NCC), and expanded primary care services with participating Service Planning Area (SPA) 6 Contractors in the amount of \$1,411,748 in State funded South Los Angeles Medical Services Preservation Funds (SB474), utilizing the existing one year automatic renewal provision for the period of July 1, 2010 through June 30, 2011 and authorize the Interim Director to extend the Agreements for an additional year, July 1, 2011 through June 30, 2012, subject to review and approval by County Counsel and the Chief Executive Office, and notification to your Board, for the continued provision of primary, specialty, and/or dental care services, at a maximum annual cost during each renewal year of \$56,549,490, consisting of \$15,509,000 in Tobacco funds and \$39,628,742 in NCC, and expanded



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primary care services with participating SPA 6 Contractors in the amount of \$1,411,748 in SB474, contingent upon continued State funding.

2. Delegate authority to the Interim Director, or his designee, to execute Amendments to the PPP Program Agreements, subject to review and approval by County Counsel and the Chief Executive Office (CEO), and notification to your Board, to make funding adjustments to:

i) utilize unspent prior year funds, on a one time only basis, each fiscal year (FY) the Agreements are in effect, beginning with FY 2007-08, and transfer these unspent funds that the Department of Health Services (DHS or Department) may identify, to augment Clinic Capacity Expansion Program (CCEP) agreements with providers in SPA 2, to maintain funding equity in the SPA;

ii) utilize unspent prior year funds on a one time only basis each fiscal year the Agreements are in effect, beginning with FY 2007-08, to transfer unspent funds, or a portion there of, that DHS may identify, to augment CCEP agreements, in under equity SPAs 1, 3, 6, 7, and 8, outside of SPA 2, if SPA 2 is at equity; and

iii) increase funding up to, but not to exceed, 25 percent of the base maximum obligation for each FY that the Agreements are in effect, should DHS identify additional funding to be allocated in accordance with your Board approved allocation methodology.

iv) increase or decrease the funding for dental care services under the Dental Services agreements, with County FY 2009-2010 (July 1 through June 30) up to the original County maximum obligation for such services, on a one-time only basis for each FY the agreements are in effect.

v) update, revise or add regulatory and/or additional program requirements.

vi) add County's space use exhibits to the PPP Agreements with PPP Program providers who currently co-locate in County operated clinics and/or have taken over County health clinics, as identified in Attachment A.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The current PPP Program Agreements do not expire until June 30, 2010 and contain a provision for an automatic one year renewal for the period July 1, 2010 through June 30, 2011. However, in a collaborative effort with Community Clinic Association of Los Angeles, DHS has developed a new PPP Program Agreement that will better meet the needs of DHS and the County's community partners.

Approval of the first recommendation will allow the Interim Director, or his designee, to execute new superseding PPP Program Agreements, substantially similar to Exhibit I, with the 54 current PPP Program Contractors utilizing the existing automatic renewal provision for a 12 month period, effective July 1, 2010 through June 30, 2011 and, combined with the requested additional automatic 12 month renewal period, will extend the program effective July 1, 2011 through June 30, 2012

allowing the Department adequate time to determine what effects recent healthcare reform legislation and the new Medi-Cal Waiver will have on the PPP Program and structure the program accordingly.

Approval of the second recommendation will allow DHS the flexibility to execute Amendments to increase/decrease Contractor's funding based on under/over utilization of funds, while maintaining the Board approved allocation methodology. In addition, it will provide DHS with authority to roll forward and utilize unspent prior FY funds, on a one time only basis, for each FY the Agreements are in effect, and transfer these funds, or a portion of the funds, to augment the CCEP Agreements with providers in SPA 2 in order to maintain funding equity or augment the CCEP Agreements of providers in under equity SPAs outside of SPA 2, if SPA 2 is at equity. Approval of this recommendation will also allow DHS to execute Amendments to increase funding up to, but not to exceed, 25 percent of the base maximum obligation for each FY the agreements are in effect, if DHS identifies funding to be allocated in accordance with your Board approved allocation methodology. Additionally, the Department will be able to reallocate funding across the Dental Services contracts to ensure the best utilization of funds for those services. The second recommendation will also allow DHS to execute Amendments that will revise regulatory and/or program requirements which will maintain compliance with state and federal law and/or improve operational efficiencies within the program. This may include revising the necessary exhibits that will meet the Department of Public Health's, DHS', and the PPP Program providers' needs related to the use of County space provisions.

The Department will execute administrative Amendments using the authority delegated pursuant to these requests. Any other material changes to the contracts will be subject to Board of Supervisors approval.

Implementation of Strategic Plan Goals

These recommended actions support Goal 4, Health and Mental Health of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The maximum obligation for the PPP Program services, effective July 1, 2009 through June 30, 2010 is \$56,581,074 (consisting of \$15,509,000 Tobacco Funds, \$39,660,326 NCC, and \$1,411,748 SB474), to provide primary care services in the amount of \$50,106,115, specialty care services in the amount of \$464,633, dental care services in the amount of \$4,598,578 and expanded primary care services with participating SPA 6 providers in the amount of \$1,411,748.

The annual maximum obligation for the two 12 month automatic renewal periods, in FY 2010-11 and FY 2011-12, is \$56,549,490 (consisting of \$15,509,000 Tobacco Funds, \$39,628,742 NCC, and \$1,411,748 SB474), to provide primary care services in the amount of \$49,590,315, specialty care services in the amount of \$948,849, dental care services in the amount of \$4,598,578 and expanded primary care services with participating SPA 6 providers in the amount of \$1,411,748 for each fiscal year, contingent upon funding for SB474.

On April 22, 2008 your Board approved the recommendations from the allocation formula working group which included provisions to roll forward and reallocate unspent funds, beginning in FY 2007-

08, based on the 2008 Allocation Formula to address equity. DHS will be utilizing this same methodology at the end of each FY while the Agreements are in effect. On February 3, 2009, your Board instructed the Department to utilize these roll forward funds, if available, to augment agreements in SPA 2 under the CCEP as appropriate.

Funding is included in the Health Services Administration's FY 2009-10 Final Budget and will be requested in future FYs, as necessary.

Funding for these Agreements has been partially offset by the South Los Angeles Medical Services Preservation Fund (Preservation Fund) that was established by Senate Bill 474 (SB 474) with the funding scheduled to sunset June 30, 2010.

Assembly Bill (AB) 2599 (Bass and Hall), introduced into the State Assembly on February 19, 2010, would ensure continuation of the Preservation Fund past the current sunset date. It is expected that this or a similar bill will pass the State legislature by the end of August 2010. DHS is extending the contracts for FY 2010-11 prior to the passage of the bill in order to ensure continuity of services. If legislation to extend the Preservation Fund is not enacted and other funding is not designated for this purpose, DHS may exercise its option to terminate the Agreements with 30 days prior written notice.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On June 17, 2008, your Board approved agreements with the PPP providers identified in Attachment A, for the continued provision of primary, specialty, and dental services.

Since your Board's approval of the aforementioned agreements, and in accordance with the April 22, 2008 Board motion, DHS continues ongoing discussions with PPP providers and stakeholders to ensure the greatest efficiency and maximization of limited PPP County funds. The recommended superseding PPP Program Agreement was developed in conjunction with County Counsel, the Department and representatives of the Community Clinic Association of Los Angeles County. It includes new and/or revised contract language that would meet the needs of the Department and allow some flexibility in the utilization of funds within the SPA, removes site specific allocations, and better defines the various allocations of funding, while maintaining the Allocation Methodology as approved by your Board.

Traditional Partner PPP Program Agreement Nos. H-703456 with URDC Human Services Corporation and H-703434 with El Dorado Community Service Center respectively, will be superseded by superseding Strategic Partner PPP Program Agreements, effective July 1, 2010, with no change to the current County maximum obligation, as identified in Attachment A.

Specialty care services will be deleted from PPP Program Agreement No. H-703422 with BAART Community Healthcare (BAART) and the funds designated under BAART's specialty care service category will be transferred to its primary care service category in the superseding Agreement.

Superseding Agreements will add specialty care services to the Strategic Partner Agreements with AltaMed Health Services Corporation, JWCH, Institute Inc., Queenscare Family Clinics, South Bay Family Healthcare Center, and St. John's Well Child and Family Center, Inc., and transfer funds designated under the primary care service category to specialty care service category.

In addition, the superseding PPP Agreement with Venice Family Clinic provides for confidentiality and indemnification provisions to include County's indemnification of contractor. The County has

provided indemnification to Venice Family Clinic for a number of years.

On March 19, 2010, the Department received notification from Medical Group of Paramount, Inc., PPP Agreement No. H-703442, advising they did not wish to exercise the renewal option effective July 1, 2010. The Contractor determined that the allocation of \$31,584 was insufficient and they could no longer provide services under the terms of the agreement. Beginning in FY 2010-11, these funds will be categorized as unspent funds and utilized to augment CCEP Agreements in SPA 2.

SPA 2 Equity Funds

On February 3, 2009, your Board authorized the Department to roll forward and utilize unspent prior FY funds, on a one time only basis, for each FY the agreements are in effect, and transfer these funds, or a portion of the funds, to augment the CCEP Agreements with providers in SPA 2 in order to maintain funding equity.

Preservation Funds (SB474)

On February 6, 2008, your Board approved amendments with existing PPP Program contractors providing services in SPA 6, listed in Attachment A, for expanded primary care services to stabilize health services for low income, underserved populations in South Los Angeles who were affected by the closure of MLK-Harbor Medical Center. The Department is recommending continued funding for these agencies as long as the Preservation Funds are available.

Strategic and Traditional Partners

In 2002, the County restructured the PPP Program based on experience that had shown that a significant variation existed among the providers in the clinical delivery of care and in the volume of care provided. Based upon experience, and with a goal of sustaining the current ambulatory care system, the Department implemented the current structure of Strategic and Traditional Partners.

The Strategic Partners have a profile of providing the equivalent of a Federally Qualified Health Center (FQHC) bundle of services, and meet the criteria that demonstrate a long-term commitment to the indigent and underserved population. Accordingly, the Strategic Partners are required to be FQHC-qualified, have FQHC look-alike status, or meet all the requirements of a FQHC look-alike excluding the governance requirements.

The Traditional Partners, like the Strategic Partners, have a role as trusted providers in the community, can assure access to health care to those without other means, and commitment to be comprehensive health centers.

Co-Location and Takeover Clinics

Several of the recommended agreements are with PPP Program Strategic Partners who are co-located in County facilities or who took over County facilities. These agreements address the use of facility space and/or lease space and equipment in exchange for contracted health services to the indigent population. In addition, these Strategic Partners are responsible for a prorated share of facility support services, i.e., utilities, landscaping, as appropriate. DHS is currently developing revised facility space use exhibits that will delineate the responsibility of each department as it relates to these Agreements.

The Agreement may be terminated with or without cause by County with a 30-day advance written

notice to Contractor.

Exhibit I includes the recently adopted Defaulted Property Tax Reduction Ordinance language.

County Counsel has reviewed and approved Exhibit I as to use and form.

Attachment A provides a list of the PPP Program Strategic and Traditional Partners and additional information.

CONTRACTING PROCESS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of these actions will provide for continued accessibility to primary, specialty, and/or dental care services for the indigent, low-income, and uninsured and underinsured populations throughout Los Angeles County.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John F. Schunhoff", with a stylized, cursive script.

JOHN F. SCHUNHOFF, Ph.D.

Interim Director

JFS:ja

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

**PUBLIC-PRIVATE PARTNERSHIP (PPP) PROGRAM
JULY 1, 2009 - JUNE 30, 2010 ALLOCATION**

ATTACHMENT A

1.	AGENCY/ HEADQUARTERS ADDRESS/ CONTRACT TYPE	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	CONTRACT NUMBER	SITE NAME	SITE ADDRESS	SERVICE TYPE(S)			SUPV DIST	SP A	SERVICE TYPE(S) - FY 2009-10 ALLOCATION				
						P	D	S			PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL
1.	ALL FOR HEALTH, HEALTH FOR ALL, INC. 519 E. BROADWAY GLENDALE, CA 91205	S NOOBAR JANOIAN, M.D., CHIEF EXECUTIVE OFFICER PH: (818) 409-3020 FAX: (818) 243-2713 EMAIL: njanoian@all4health.org	H703407		519 E. BROADWAY, GLENDALE 91205	P			5	2	\$1,337,244				
				SITE 2	520 E. BROADWAY, GLENDALE 91205	P			5	2					
											1,337,244	0	0	0	1,337,244
2.	ALTAMED HEALTH SERVICES CORPORATION 500 CITADEL DRIVE, STE. 490 LOS ANGELES, CA 90040	S CASTULO de la ROCHA, J.D., PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (323) 889-7310 FAX: (323) 889-7399 EMAIL: cdelarocha@altamed.org	H703460	EL MONTE	10418 E. VALLEY BOULEVARD, EL MONTE 91731	P			1	3	170,810				
				BUENA CARE	1701 ZONAL AVE., LOS ANGELES 90033	P			1	4					
				ESTRADA COURTS	1305 S. CONCORD ST., #168, LOS ANGELES 90023	P			1	4					
				RAMONA GARDENS	1424 CRUSADO LANE, UNIT 168, LOS ANGELES 90023	P			1	4					
				WILLIAM MEAD	268 E. BLOOM ST., #322, LOS ANGELES 90012	P			1	4					
				BELL	6901 S. ATLANTIC AVENUE, BELL 90201	P			1	7					
				EAST LOS ANGELES	5427 E. WHITTIER BOULEVARD, STE. 101, LOS ANGELES 90022	P			1	7					
				PICO RIVERA	9436 E. SLAUSON AVENUE, PICO RIVERA 90660	P			1	7			0		
				WHITTIER WEST	3945 WHITTIER BLVD., LA 90023	P			1	7					
											1,919,239	0	0	0	1,919,239
3.	AMERICAN INDIAN HEALING CENTER, INC. 12456 E. WASHINGTON BOULEVARD WHITTIER, CA 90602	T JOHN S. ANDREWS, EXECUTIVE DIRECTOR PH: (562) 693-4325 FAX: (562) 693-1115 EMAIL: J.Andrews@AIHCHEALER.com	H703432		12456 E. WASHINGTON BOULEVARD, WHITTIER 90602	P			4	7	30,080				
											30,080	0	0	0	30,080
4.	ANTELOPE VALLEY COMMUNITY CLINIC 45074 10TH STREET WEST, STE. 109 LANCASTER, CA 93534	T JAMES A. COOK, EXECUTIVE DIRECTOR (661) 942-2391 X202 FAX: (661) 723-3769 EMAIL: jcook@avclinic.org	H703471	CARE-A-VAN	45074 10TH STREET W. STE. 109, LANCASTER 93534	P			5	1	41,830				
											41,830	0	0	0	41,830
5.	ARROYO VISTA FAMILY HEALTH FOUNDATION 6000 N. FIGUEROA STREET LOS ANGELES, CA 90042	S J. LORRAINE ESTRADAS, CHIEF EXECUTIVE OFFICER PH: (323) 254-5291 FAX: (323) 254-4618 EMAIL: lestradas@arroyovista.org	H703424	EL SERENO	4815 E. VALLEY BOULEVARD, #D, LOS ANGELES 90032	P			1	4					
				HIGHLAND PARK	6000 N. FIGUEROA STREET, LOS ANGELES 90042	P	D		1	4					
				NO. BROADWAY	2411 N. BROADWAY, LOS ANGELES 90031	P	D		1	4					
				LOMA DRIVE	303 S. LOMA DRIVE, STE. 202, LOS ANGELES, 90017	P			1	4					
				MOBILE CLINIC	6000 N. FIGUEROA STREET, LOS ANGELES 90042	P			1	4					
6.	ASIAN PACIFIC HEALTH CARE VENTURE, INC. 1530 HILLHURST AVENUE, STE. 200 LOS ANGELES, CA 90027	S KAZUE SHIBATA, CHIEF EXECUTIVE OFFICER PH: (323) 644-3880 EXT 254 FAX: (323) 644-3892 EMAIL: kshibata@aphcv.org	H703451		1530 HILLHURST AVENUE, LOS ANGELES 90027	P			3	4	1,128,282				
											1,128,282	0	0	0	1,128,282
7.	BAART COMMUNITY HEALTHCARE 1111 MARKET STREET, 4TH FLOOR SAN FRANCISCO, CA 94103-1513	T JASON KLETTER, PRESIDENT PH: (415) 552-7914 EXT 113 FAX: (415) 552-3455 EMAIL: jkletter@baartprograms.com	H703422	LA PUENTE	15229 E. AMAR ROAD, LA PUENTE, 91744	P			1	3	391,322				
				BEVERLY	1926 W. BEVERLY BOULEVARD, LOS ANGELES 90057	P	S		1	4	224,222		0		
				LYNWOOD	11315 S. ATLANTIC BOULEVARD, LYNWOOD 90262	P			2	6					
				SOUTHEAST	4920 S. AVALON, LOS ANGELES, 90011	P			2	6	600,942			204,356	
											1,216,486	0	0	204,356	1,420,842
8.	BIENVENIDOS CHILDREN'S CENTER, INC. 316 W. 2ND STREET, STE. 800 LOS ANGELES, CA 90012	T RITCHIE GEISEL, PRESIDENT AND CHIEF EXECUTIVE DIRECTOR PH: (213) 785-5906 FAX: (213) 785-5928 EMAIL: rgeisel@bienvenidos.org	H703419		507 S. ATLANTIC BOULEVARD, LOS ANGELES 90022	P			1	7	224,754				
											224,754	0	0	0	224,754
9.	CENTRAL CITY COMMUNITY HEALTH CENTER, INC. 5230 E. BEVERLY BOULEVARD LOS ANGELES, CA 90022	S GILBERT R. VARELA, M.D., CHIEF EXECUTIVE OFFICER PH: (323) 724-0019 FAX: (323) 724-3539 EMAIL: gilbertvarela@aol.com	H703413		5970 S. CENTRAL AVENUE, LOS ANGELES 90001	P			2	6	430,332			142,504	
											430,332	0	0	142,504	572,836

**PUBLIC-PRIVATE PARTNERSHIP (PPP) PROGRAM
JULY 1, 2009 - JUNE 30, 2010 ALLOCATION**

ATTACHMENT A

AGENCY/ HEADQUARTERS ADDRESS/ CONTRACT TYPE	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	CONTRACT NUMBER	SITE NAME	SITE ADDRESS	SERVICE TYPE(S)			SUPV DIST	SP A	SERVICE TYPE(S) - FY 2009-10 ALLOCATION				
					P	D	S			PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL
10. CENTRAL NEIGHBORHOOD MEDICAL GROUP, INC. 2707 S. CENTRAL AVENUE LOS ANGELES, CA 90011	BASSETT H. L. BROWN, M.D., CHIEF EXECUTIVE OFFICER AND MEDICAL DIRECTOR PH: (323) 234-5000 FAX: (323) 231-3985 EMAIL: lacnhfl@aol.com	H703450		2707 S. CENTRAL AVENUE, LOS ANGELES, 90011	P			2	6	189,128			64,766	
										189,128	0	0	64,766	253,894
11. CHILDREN'S DENTAL FOUNDATION 455 E. COLUMBIA STREET LONG BEACH, CA 90806	JOHN L. BLAKE, DDS, DENTAL DIRECTOR PH: (562) 933-8929 FAX: (562) 933-2049 EMAIL: Jblake@cdhc.org	H703416	BELLFLOWER	10005 E. FLOWER STREET, BELLFLOWER 90706 (CL)	D			4	7		179,515			
			AVALON	200 FALLS CANYON ROAD, AVALON 90704	D			4	8		332,335			
			LONG BEACH	455 E. COLUMBIA STREET, LONG BEACH 90806	D			4	8					
										0	511,850	0	0	511,850
12. CHINATOWN SERVICE CENTER 767 N. HILL STREET, STE. 400 LOS ANGELES, 90012	LAWRENCE J. LUE, CHIEF EXECUTIVE DIRECTOR PH: (213) 808-1701 FAX: (213) 680-0787 EMAIL: llue@cscla.org	H703429	LOS ANGELES	767 N. HILL STREET, STE. 200, LOS ANGELES, 90012	P			1	4	405,516				
										405,516		0	0	405,516
13. CLINICA MONSEÑOR OSCAR A. ROMERO 123 S. ALVARADO STREET LOS ANGELES, CA 90057	ALBERT PACHECO, Ph.D., EXECUTIVE DIRECTOR PH: (213) 201-2745 FAX: (323) 987-1400 EMAIL: apacheco@clinaromero.com	H703415	LOS ANGELES	123 S. ALVARADO STREET, LOS ANGELES 90057	P	D		1	4	1,924,086	206,467			
			NE HLTH CTR	2032 MARENGO STREET, LOS ANGELES 90033	P	D		1	4					
			ST. VINCENT CLINIC	201 S. ALVARADO STREET, LOS ANGELES 90057	P			1	4					
										1,924,086	206,467	0	0	2,130,553
14. COMMUNITY HEALTH ALLIANCE OF PASADENA 1855 N. FAIR OAKS AVENUE, STE. 200 PASADENA, CA 91103	MARGARET B. MARTINEZ, CHIEF EXECUTIVE OFFICER PH: (626) 398-6300 FAX: (626) 398-5948 EMAIL: Margaret.martinez@chapcare.org	H703430		1855 N. FAIR OAKS AVENUE, #200, PASADENA 91103	P	D		5	3	1,007,210	235,956			
										1,007,210	235,956	0	0	1,243,166
15. COMPREHENSIVE COMMUNITY HEALTH CENTER 801 CHEVY CHASE DRIVE, STE. 20 GLENDALE, CA 91205	ARA TAVITIAN, M.D., CHIEF EXECUTIVE OFFICER PH: (818) 265-2232 FAX: (818) 291-0291 EMAIL: roberts@cchccenters.org	H703443	GLENDALE	801 CHEVY CHASE DRIVE, STE. 250, GLENDALE 91205	P			5	2	100,000				
			NORTH HOLLYWOOD	12157 VICTORY BOULEVARD, NORTH HOLLYWOOD 91606	P			3	2					
										100,000		0	0	100,000
16. COMPTON CENTRAL HEALTH CLINIC, INC. 201 N. CENTRAL AVENUE COMPTON, CA 90220	MARIE N. LAMOTHE, EXECUTIVE DIRECTOR PH: (310) 635-7123 FAX: (310) 635-0535 EMAIL: nande05@aol.com	H703447		201 N. CENTRAL AVENUE, COMPTON 90220	P			2	6	85,822			20,022	
										85,822	0	0	20,022	105,844
17. DURFEE FAMILY CARE MEDICAL GROUP 2006 DURFEE AVENUE EL MONTE, CA 91733	ISHAK BISHARA, M.D., PRESIDENT AND MEDICAL DIRECTOR PH: (626) 442-5015 FAX: (626) 442-7810 EMAIL: ishakhbisha@msn.com	H703448		2006 DURFEE AVENUE, EL MONTE 91733	P			1	3	305,124				
										305,124	0	0	0	305,124
18. EAST VALLEY COMMUNITY HEALTH CENTER, INC. 420 S. GLENDORA AVENUE W. COVINA, CA 91790	ALICIA M. MARDINI, CHIEF EXECUTIVE OFFICER PH: (626) 919-4333 EXT 220 FAX: (626) 919-2084 EMAIL: amardini@evchc.org	H703444	POMONA	680 FAIRPLEX DRIVE, POMONA 91768	P			1	3	2,680,786	137,143			
			WEST COVINA	420 S. GLENDORA AVENUE, WEST COVINA 91790	P	D		5	3					
										2,680,786	137,143	0	0	2,817,929
19. EL DORADO COMMUNITY SERVICE CENTER 26460 SUMMIT CIRCLE SANTA CLARITA, CA 91350	STAN SHARMA, Ph.D., EXECUTIVE DIRECTOR PH: (310) 678-7917 FAX: (661) 254-6644 EMAIL: stansharma@msn.com	H703434	PALMDALE	2720 E. PALMDALE BOULEVARD, #129, PALMDALE 93550	P			5	1	10,058				
			HAWAIIAN GARDENS	21505 NORWALK BOULEVARD, HAWAIIAN GARDENS 90716	P			4	7	63,920				
			TAVARUA	8207 WHITTIER BOULEVARD, PICO RIVERA, 90660	P			1	7					
			INGLEWOOD	4450 W. CENTURY BOULEVARD, INGLEWOOD, 90304	P			2	8					
			LAWDALE	4023 MARINE AVENUE, LAWDALE, 90260	P			2	8	348,270				
										422,248	0	0	0	422,248
20. EL PROYECTO DEL BARRIO 8902 WOODMAN AVENUE ARLETA, CA 91331	CORINNE SANCHEZ, ESQ., PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (818) 830-7133 FAX: (818) 895-0174 EMAIL: corinnesa@aol	H703417	ARLETA	8902 WOODMAN AVENUE, ARLETA 91331	P			3	2	1,469,902				
			CANOGA PARK	20800 SHERMAN WAY, WINETKA 91306	P	D		3	2		137,143			
			AZUSA HLTH CTR	150 N. AZUSA AVENUE, AZUSA 91702	P	S		1	3	459,096		10,000	0	
										1,928,998	137,143	10,000	0	2,076,141

**PUBLIC-PRIVATE PARTNERSHIP (PPP) PROGRAM
JULY 1, 2009 - JUNE 30, 2010 ALLOCATION**

ATTACHMENT A

AGENCY/ HEADQUARTERS ADDRESS/ CONTRACT TYPE	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	CONTRACT NUMBER	SITE NAME	SITE ADDRESS	SERVICE TYPE(S)			SUPV DIST	SP A	SERVICE TYPE(S) - FY 2009-10 ALLOCATION				
					P	D	S			PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL
21. EMILE G. SHENOUDA, M.D., INC. 10132 CALIFORNIA AVENUE S. GATE, CA 90280	T EMILE G. SHENOUDA, M.D., CHIEF EXECUTIVE OFFICER PH: (323) 566-4411 FAX: (323) 566-0390 EMAIL: mev930@yahoo.com	H703461	SOUTH GATE	10132 CALIFORNIA AVENUE, SOUTH GATE 90280	P			1	7	30,080				
										30,080	0	0	0	30,080
22. FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC. 6501 S. GARFIELD AVENUE BELL GARDENS, CA 90201	S JOHN A. KOTICK, J.D., CHIEF EXECUTIVE OFFICER PH: (562) 928-9600 EXT 305 FAX: (562) 927-8603 EMAIL: jkotick@fhccgla.org	H703431	BELL GARDENS	6501 S. GARFIELD AVENUE, BELL GARDENS, 90201	P			1	7	774,748				
			HAWAIIAN GARDENS	22310 WARDHAM AVENUE, HAWAIIAN GARDENS 90716 (TO)	P			4	7					
										774,748	0	0		774,748
23. GARFIELD HEALTH CENTER 210 N. GARFIELD AVENUE, STE. 203 MONTEREY PARK, CA 91754	T FRANCIS W. YU, M.D., MEDICAL DIRECTOR AND EXECUTIVE DIRECTOR PH: (626) 307-7397 FAX: (626) 307-1807 EMAIL: ycmmedical@aol.com	H703409		210 N. GARFIELD AVENUE, STE. 203, MONTEREY PARK 91754	P			1	3	645,122				
										645,122	0	0	0	645,122
24. HARBOR COMMUNITY CLINIC 593 W. 6TH STREET SAN PEDRO, CA 90731	S MICHELE D. RUPLE, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER PH: (310) 547-8241 FAX: (310) 547-5096 EMAIL: harborfreeclinic@earthlink.net	H703406		593 W. 6TH STREET, SAN PEDRO, 90731	P			4	8	459,660				
			PEDIATRIC CENTER	731 S. BEACON STREET, SAN PEDRO 90731 (CL)	P			4	8					
										459,660	0	0	0	459,660
25. JWCH INSTITUTE, INC. 1910 W. SUNSET BOULEVARD, STE. 650 LOS ANGELES, CA 90026	S ALVARO BALLESTEROS, CHIEF EXECUTIVE OFFICER PH: (213) 484-1186 FAX: (213) 413-3443 EMAIL: aballesteros@jwchinstitute.org	H703463	ABBEY APARTMENTS	625 S. SAN PEDRO STREET, LOS ANGELES 90014	P			2	4	1,541,882				
			CENTER FOR COMMUNITY HEALTH	522 SAN PEDRO STREET, LOS ANGELES 90013	P			2	4			0		
			COVENANT HOUSE	1325 N. WESTERN AVENUE, HOLLYWOOD 90027	P			3	4					
			DOWNTOWN WOMEN'S CENTER	325 S. LOS ANGELES STREET, LOS ANGELES 90013	P			1	4					
			PATH	340 N. MADISON AVENUE, LOS ANGELES 90004	P			2	4					
			PROJECT 50	500 E. MAIN STREET, LOS ANGELES, 90013	P			1	4					
			ST. GEORGE	115 E. THIRD STREET, LOS ANGELES, 90013	P			2	4					
			WOMEN'S CLINIC	3620 MARTIN LUTHER KING BOULEVARD, LYNWOOD 90262	P			2	6		10,058		3,478	
			BELL GARDENS	6912 AJAX AVENUE, BELL GARDENS 90201	P			1	7	523,768		0		
			BELL SHELTER	5600 RICKENBAUCKER ROAD, BUILDING 1E, BELL 90201	P			1	7					
			NORWALK	12360 FIRESTONE BOULEVARD, NORWALK 90650	P			4	7					
										2,075,708	0	0	3,478	2,079,186
26. KOREAN HEALTH, EDUCATION, INFORMATION AND RESEARCH CENTER 3727 W. 6TH STREET, STE. 210 LOS ANGELES, CA 90020	S ERIN K. PAK, CHIEF EXECUTIVE OFFICER PH: (213) 427-4000 EXT 121 FAX: (213) 427-4008 EMAIL: erinpak@lakheir.org	H703462		3727 W. 6TH STREET, STE. 200, LOS ANGELES 90020	P			2	4	112,330				
										112,330	0	0	0	112,330
27. KORYO HEALTH FOUNDATION 1058 S. VERMONT AVENUE LOS ANGELES, CA 90006	T SOON MYUNG CHA, M.D., CHIEF EXECUTIVE PH: (213) 380-8833 FAX: (213) 368-6047 EMAIL: koryohf@yahoo.com	H703411		1058 S. VERMONT AVENUE, LOS ANGELES 90006	P			2	4	97,102				
										97,102	0	0	0	97,102
28. LOS ANGELES FREE CLINIC, dba THE SABAN FREE CLINIC 8405 BEVERLY BOULEVARD LOS ANGELES, CA 90048	S JEFF BUJER, CO- CHIEF EXECUTIVE OFFICER PH: (323) 330-1660 FAX: (323) 658-6773 EMAIL: jbujer@lafreeclinic.org	H703435	BEVERLY	8405 BEVERLY BOULEVARD, LOS ANGELES 90048	P	D	S	3	4	3,216,022	616,108	222,828		
			HOLLYWOOD/WILSHIRE	5205 MELROSE AVENUE, LOS ANGELES 90038	P	D	S	3	4					
			HOLLYWOOD	6043 HOLLYWOOD BOULEVARD, LOS ANGELES 90028	P			3	4					
										3,216,022	616,108	222,828	0	4,054,958

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					P	D	S			PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL
29. MEDICAL GROUP OF PARAMOUNT, INC. 14906 PARAMOUNT BOULEVARD PARAMOUNT, CA 90723	T NABIL H. KHOURY, M.D., PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (562) 630-1991 FAX: (562) 630-0145 EMAIL: manuelnnabila@aol.com	H703442		14906 PARAMOUNT BOULEVARD, PARAMOUNT 90723	P			4	7	31,584				
										31,584	0	0	0	31,584
30. MISSION CITY COMMUNITY NETWORK, INC. 15206 PARTHENIA STREET NORTH HILLS, CA 91343	S NIK GUPTA, CHIEF EXECUTIVE OFFICER PH: (818) 895-3100 EXT 602 FAX: (818) 892-4651 EMAIL: nikg@mccn.org	H703421	NORTH HILLS	15206 PARTHENIA STREET, NORTH HILLS 91343	P	D		3	2		25,714			
			PACOIMA	9919 LAUREL CANYON BOULEVARD, PACOIMA 91331	P			3	2	886,890				
			RESEDA	18905 SHERMAN WAY, STE. 100B, RESEDA 91334	P			3	2					
			HOLLYWOOD	4842 HOLLYWOOD BOULEVARD, LOS ANGELES 90027	P			3	4	37,318				
										924,208	25,714	0	0	949,922
31. NORTHEAST COMMUNITY CLINIC 2550 W. MAIN STREET, STE. 301 ALHAMBRA, CA 91801	S CHRISTOPHER LAU, M.D., EXECUTIVE DIRECTOR PH: (626) 457-6900 FAX: (626) 457-6916 EMAIL: clau@neccl.md	H703437	OFC	1414 S. GRAND AVENUE, 2ND FLOOR, LOS ANGELES 90015	P			1	4	740,156				
			LOS ANGELES	5428 N. FIGUEROA STREET, LOS ANGELES 90042	P			1	4					
			FOSHAY	3751 S. HARVARD BOULEVARD, LOS ANGELES 90018	P			2	6	115,056				
			LAS MUJERES	231 W. VERNON AVENUE, STE. 203, LOS ANGELES 90037	P			2	6				37,224	
			BELL	4129 E. GAGE AVENUE, BELL 90201	P			1	7	214,414				
			WILMINGTON	714 N. AVALON B3, WILMINGTON 90744	P			4	8	138,838				
										1,208,464	0	0	37,224	1,245,688
32. NORTHEAST VALLEY HEALTH CORPORATION 1172 N. MACLAY AVENUE SAN FERNANDO, CA 91340	S KIMBERLY WYARD, CHIEF EXECUTIVE OFFICER PH: (818) 898-1388 EXT 41620 FAX: (818) 365-4031 EMAIL: KimWyard@nevhc.org	H703428	CANOGA PARK	7107 REMMET AVENUE, CANOGA PARK 91303 (TO)	P			3	2					
			HOMELESS HC	7843 LANKERSHIM BOULEVARD, NORTH HOLLYWOOD 91605	P			3	2					
			PACOIMA	12756 VAN NUYS BOULEVARD, PACOIMA 91331	P			3	2					
			SAN FERNANDO	1600 SAN FERNANDO ROAD, SAN FERNANDO 91340	P	D		3	2	2,342,010				
			SUN VALLEY	7223 N. FAIR AVENUE, SUN VALLEY 91352	P	D		3	2					
			VALENCIA	23763 VALENCIA BOULEVARD, VALENCIA 91355 (CL)	P			5	2					
										2,342,010	479,205	0	0	2,821,215
33. PEDIATRIC & FAMILY MEDICAL CENTER dba EISNER PEDIATRIC & FAMILY MEDICAL CENTER 1530 S. OLIVE STREET LOS ANGELES, CA 90015	S CARL E. COAN, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (213) 746-1037 EXT 3330 FAX: (213) 746-9379 EMAIL: ccoan@pedcenter.org	H703414		1530 S. OLIVE STREET, LOS ANGELES 90015	P	D		1	4	1,508,042	448,661			
										1,508,042	448,661	0	0	1,956,703
34. POMONA VALLEY HOSPITAL MEDICAL CENTER / T COMMUNITY HEALTH CENTER 1798 N. GAREY AVENUE POMONA, CA 91767	T RICHARD E. YOCHUM, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (909) 865-9500 FAX: (909) 865-9796 EMAIL: rich.yochum@pvhmc.org	H703418	POMONA HLTH CTR	750 S. PARK AVENUE, # 101, POMONA 91766 (CL)	P			1	3					
			WESTERN UNIVERSITY	887 E. SECOND STREET, STE. C, POMONA 91766	P			1	3	780,670				
										780,670	0	0	0	780,670
35. QUEENSCARE FAMILY CLINICS 1300 N. VERMONT AVENUE, STE. 1002 LOS ANGELES, CA 90027	S BARBARA B. HINES, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (323) 669-4305 FAX: (323) 953-6244 EMAIL: bbhines@queenscare.org	H703412	BRESEE	184 S. BIMINI PLACE, LOS ANGELES 90004	P			2	4					
			EAGLE ROCK	4448 YORK BOULEVARD, LOS ANGELES 90041	P	D		1	4	3,868,476				
			ECHO PARK	150 N. RENO STREET, LOS ANGELES 90026	P	D		1	4		596,334	0		
			HOLLYWOOD	4618 FOUNTAIN AVENUE, LOS ANGELES 90029	P	D		1	4					
			SUNOL	133 N. SUNOL DRIVE, LOS ANGELES 90063	P	D		1	7	804,922	295,579			
			EASTSIDE	4560 E. CESAR CHAVEZ AVENUE, LOS ANGELES 90022	P			1	7					
										4,673,398	891,913	0	0	5,565,311
36. SACRED HEART FAMILY MEDICAL CLINIC, INC. 8540 ALONDRA BOULEVARD, STE. B2 PARAMOUNT, CA 90723	T EDUARDO S. ORNEDO, M.D., PRESIDENT AND MEDICAL DIRECTOR PH: (562) 602-2508 FAX: (562) 602-2382 EMAIL: sacredheartfamily@sbcglobal.net	H703425		8540 ALONDRA BOULEVARD, STE. B2, PARAMOUNT 90723	P			4	6	64,014			23,312	
										64,014	0	0	23,312	87,326
37. SAMUEL DIXON FAMILY HEALTH CENTER, INC. 25115 W. AVENUE STANFORD, STE. A-104 VALENCIA, CA 91355	T CHERYL LAYMON, EXECUTIVE DIRECTOR PH: (661) 257-7892 FAX: (661) 257-2384 EMAIL: cheryl@sdfhc.org	H703420		27225 CAMP PLENTY ROAD, #2, CANYON COUNTRY 91351	P			5	2	56,196				
										56,196	0	0	0	56,196

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					P	D	S			PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL				
8. SOUTH ATLANTIC MEDICAL GROUP, INC. 5504 E. WHITTIER BOULEVARD LOS ANGELES, CA 90022	T NISSAN KAHEN, M.D., PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (323) 725-0167 FAX: (323) 725-6933 EMAIL: jlondono@samg.org	H703453	EL MONTE	11518 GARVEY AVENUE, EL MONTE 91732	P			1	3	10,058								
			EAST LOS ANGELES	5504 E. WHITTIER BOULEVARD, LOS ANGELES 90022	P			1	7									
			HUNTINGTON PK	2616 CLARENDON AVENUE, HUNTINGTON PARK 90255	P			1	7	190,820								
			GARDENA	1030 GARDENA BOULEVARD, GARDENA 90247	P			2	8	43,992								
											244,870	0	0	0	244,870			
9. SOUTH BAY FAMILY HEALTHCARE CENTER 23430 HAWTHORNE BOULEVARD, STE. 210 TORRANCE, CA 90505	S JANN HAMILTON LEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (310) 802-6177 FAX: (310) 802-6178 EMAIL: jhamiltonlee@sbcilinc.org	H703436	GARDENA	742 W. GARDENA BOULEVARD, GARDENA 90247	P	D		2	8	2,236,918	208,572	0						
			REDONDO BEACH	2114 ARTESIA BOULEVARD, REDONDO BEACH 90278	P	D		4	8									
			INGLEWOOD	1091 S. LA BREA, INGLEWOOD 90301	P			2	8									
															2,236,918	208,572	0	0
10. SOUTH CENTRAL FAMILY HEALTH CENTER 4425 S. CENTRAL AVENUE LOS ANGELES, CA 90011	S RICHARD A. VELOZ, CHIEF EXECUTIVE OFFICER PH: (323) 908-4247 FAX: (323) 908-4256 EMAIL: Richardv@scfhc.org	H703426		4425 S. CENTRAL AVENUE, LOS ANGELES 90011	P			2	6	915,130			310,726					
			ACCELERATED SCHOOL	4000 S. MAIN STREET, LOS ANGELES 90011	P			2	6									
															915,130	0	0	310,726
11. ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC. 5701 S. HOOVER STREET LOS ANGELES, CA 90037	S JAMES J. MANGIA, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (323) 541-1600 FAX: (323) 541-1661 EMAIL: jimmania@wellchild.org	H703427	LINCOLN HEIGHTS	2512 N. ALTA STREET, LOS ANGELES 90031	P	D		1	4	752	20,166							
			COMPTON	2115 N. WILMINGTON AVENUE, COMPTON 90222	P	D		2	6									
			HOOVER	5701 S. HOOVER STREET, LOS ANGELES 90037	P	D		2	6	800,880	234,517	0	248,348					
			HYDE PARK	6505 S. 8TH AVENUE, LOS ANGELES 90043	P	D		2	6									
			LOS ANGELES	1910 MAGNOLIA STREET, LOS ANGELES 90007	P	D		1	6									
															801,632	254,683	0	248,348
12. T.H.E. CLINIC, INC. 3834 S. WESTERN AVENUE LOS ANGELES, CA 90062	S RISE K. PHILLIPS, CHIEF EXECUTIVE OFFICER PH: (323) 730-1920 FAX: (323) 730-9777 EMAIL: rphillips@theclinicinc.org	H703469		3834 S. WESTERN AVENUE, LOS ANGELES 90062 (CL)	P			2	6	506,660			166,474					
										506,660	0	0	166,474	673,134				
13. TARZANA TREATMENT CENTER, INC. 18646 OXNARD STREET TARZANA, CA 91356	S SCOTT TAYLOR, CHIEF EXECUTIVE OFFICER PH: (818) 654-3815 FAX: (818) 996-3051 EMAIL: asenella@Tarzanatc.org Contact Albert Senella	H703410	LANCASTER	907 W. LANCASTER BOULEVARD, LANCASTER 93534	P			5	1	625,290								
			WEST VALLEY	8330 RESEDA BOULEVARD, NORTHRIDGE 91324	P			3	2	937,936								
										1,563,226	0	0	0	1,563,226				
14. THE CATALYST FOUNDATION FOR AIDS AWARENESS AND CARE 44758 ELM AVENUE LANCASTER, CA 93534	T SUSAN LAWRENCE, M.D., EXECUTIVE DIRECTOR PH: (661) 948-8559 FAX: (661) 951-0369 EMAIL: maryanne@gnet.com	H703454		44758 ELM AVENUE, LANCASTER 93534	P			5	1	30,080								
										30,080	0	0	0	30,080				
15. THE CHILDREN'S CLINIC, "SERVING CHILDREN AND THEIR FAMILIES" 2790 ATLANTIC AVENUE LONG BEACH, CA 90806	S ELISA NICHOLAS, M.D., M.S.P.H., CHIEF EXECUTIVE OFFICER PH: (562) 933-0430 FAX: (562) 933-0415 EMAIL: enicholas@memorialcare.org	H703441	CESAR CHAVEZ	730 W. 3RD STREET, LONG BEACH 90802	P			4	8	1,526,654								
			MULTI-SRV CTR	1301 W. 12TH STREET, LONG BEACH 90813	P			4	8									
			N. LONG BEACH	1060 E. 70TH STREET, LONG BEACH 90805	P			4	8									
			PINE	1057 PINE AVENUE, LONG BEACH 90813	P			4	8									
			SERVING CHILDREN	455 COLUMBIA STREET, STE. 201, LONG BEACH 90806	P	S		4	8								10,000	0
															1,526,654	0	10,000	0
16. THE CHURCH OF OUR SAVIOUR 4368 SANTA ANITA AVENUE EL MONTE, CA 91731	T RICHARD HILL, EXECUTIVE DIRECTOR PH: (626) 579-2190 FAX: (626) 579-2689 EMAIL: rhill@oursaviourcenter.org	H703439		4368 SANTA ANITA AVENUE, EL MONTE 91731	P			1	3	122,576								
										122,576	0	0	0	122,576				
17. UNIVERSAL HEALTH FOUNDATION 2020 E. FIRST STREET LOS ANGELES, CA 90033	T SYED K. MULTANI, EXECUTIVE DIRECTOR PH: (323) 980-9600 FAX: (323) 980-9676 EMAIL: uhfca@aol.com	H703468		2020 E. FIRST STREET, LOS ANGELES 90033	P			1	4	33,746								
										33,746	0	0	0	33,746				

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					P	D	S			PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL
48. UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC 711 W. FLORENCE AVENUE LOS ANGELES, CA 90044	YASSER AMAN, M.P.H., CHIEF EXECUTIVE OFFICER PH: (323) 967-0375 FAX: (323) 759-8662 EMAIL: yasser@ummaclinic.org	H703440		711 W. FLORENCE AVENUE, LOS ANGELES 90044	P		S	2	6	274,198		6,005	89,206	
										274,198	0	6,005	89,206	369,409
49. URDC HUMAN SERVICES CORPORATION 1460 N. LAKE AVENUE, STE. 107 PASADENA, CA 91114	AL SORKIN, Ph.D., EXECUTIVE DIRECTOR PH: (626) 398-3796 FAX: (626) 398-3895 EMAIL: apsorkin@att.net	H703456		1460 N. LAKE AVENUE, PASADENA 91104	P			5	3	30,080				
										30,080	0	0	0	30,080
50. VALLEY COMMUNITY CLINIC 6801 COLDWATER CANYON AVENUE N. HOLLYWOOD, CA 91605	PAULA WILSON, PRESIDENT & CHIEF EXECUTIVE OFFICER PH: (818) 763-1718 EXT 204 FAX: (818) 763-7231 EMAIL: pwilson@valleyclinic.org	H703408		6801 COLDWATER CANYON AVENUE, STE. 1B, NORTH HOLLYWOOD 91605	P			3	2	1,339,030				
										1,339,030	0	0	0	1,339,030
51. VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	ELIZABETH BENSON FORER, M.S.W., M.P.H., CHIEF EXECUTIVE OFFICER PH: (310) 664-7901 FAX: (310) 314-7641 EMAIL: eforer@mednet.ucla.edu	H703423	ROBERT LEVINE HLT CTR MAR VISTA GARDENS SIMMS/MANN VENICE	905 VENICE BOULEVARD, VENICE 90291 4909 MARIONWOOD DRIVE, CULVER CITY 90230 2509 PICO BOULEVARD, SANTA MONICA 90405 604 ROSE AVENUE, VENICE 90291	P P P P	 D S	 S S	3 2 3 3	5 5 5 5	3,545,736	147,941	215,800		
										3,545,736	147,941	215,800	0	3,909,477
52. WATTS HEALTHCARE CORPORATION 10300 COMPTON AVENUE LOS ANGELES, CA 90002	WILLIAM D. HOBSON, JR., PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (323) 568-4414 FAX: (323) 563-6378 william.hobson@wattshealth.org	H703455	CRENSHAW COM HC	10300 COMPTON AVENUE, LOS ANGELES 90002 3756 SANTA ROSALIA, STE. 400, LOS ANGELES 90008	P P	D 	 	2 2	6 6	261,414	101,249		101,332	
										261,414	101,249	0	101,332	463,995
53. WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BOULEVARD SANTA MONICA, CA 90405	DEBRA A. FARMER, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (310) 450-4773, EXT 222 FAX: (310) 450-0873 EMAIL: dfarmer@wfhtcenter.org	H703438		1711 OCEAN PARK BOULEVARD, SANTA MONICA 90405	P			3	5	348,364				
										348,364	0	0	0	348,364
54. WESTSIDE NEIGHBORHOOD CLINIC 2125 SANTA FE AVENUE LONG BEACH, CA 90810	ALAN TERWEY, EXECUTIVE DIRECTOR PH: (562) 432-9575 FAX: (562) 432-9590 EMAIL: wnc7@aol.com	H703449		2125 SANTA FE AVENUE, LONG BEACH 90810	P			4	8	405,140				
										405,140	0	0	0	405,140
55. WILMINGTON COMMUNITY CLINIC 1009 N. AVALON BOULEVARD WILMINGTON, CA 90744	DOLORES BONILLA CLAY, CHIEF EXECUTIVE OFFICER PH: (310) 549-9717 FAX: (310) 549-2277 EMAIL: dbclay@dslextreme.com	H703445	MARY HENRY WILMINGTON	10901 S. VERMONT AVENUE, LOS ANGELES 90044 1009 N. AVALON BOULEVARD, WILMINGTON 90744	P P	 	 	2 4	8 8	477,144				
										477,144	0	0	0	477,144
GRAND TOTAL										\$50,106,115	\$4,598,578	\$464,633	\$1,411,748	\$56,581,074

Service Type	Contract Type
P = Primary Care	S = Strategic
D = Dental Care	T = Traditional
S = Specialty Care	
CL - Co-location	
TO - Takeover	

Number of active sites : 136

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JULY 1, 2011 - JUNE 30, 2012 ALLOCATION**

ATTACHMENT A

AGENCY/ HEADQUARTERS ADDRESS/ CONTRACT TYPE	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	CONTRACT NUMBER	SITE NAME	SITE ADDRESS	SERVICE TYPE(S)			SUP DIST	SP A	SERVICE TYPE(S) - FY 2010-11 ALLOCATION ⁽¹⁾				
					P	D	S			PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL
1. ALL FOR HEALTH, HEALTH FOR ALL, INC. 519 E. BROADWAY GLENDALE, CA 91205	S NOOBAR JANOIAN, M.D., CHIEF EXECUTIVE OFFICER PH: (818) 409-3020 FAX: (818) 243-2713 EMAIL: njanoian@all4health.org	H703407		519 E. BROADWAY, GLENDALE 91205	P			5	2	\$1,337,244				
			SITE 2	520 E. BROADWAY, GLENDALE 91205	P			5	2					
										1,337,244	0	0	0	1,337,244
2. ALTAMED HEALTH SERVICES CORPORATION 500 CITADEL DRIVE, STE. 490 LOS ANGELES, CA 90040	S CASTULO de la ROCHA, J.D., PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (323) 889-7310 FAX: (323) 889-7399 EMAIL: odelarocha@altamed.org	H703460	EL MONTE	10418 E. VALLEY BOULEVARD, EL MONTE 91731	P			1	3	320,810				
			BUENA CARE	1701 ZONAL AVE., LOS ANGELES 90033	P			1	4					
			ESTRADA COURTS	1305 S. CONCORD ST., #168, LOS ANGELES 90023	P			1	4					
			RAMONA GARDENS	1424 CRUSADO LANE, UNIT 168, LOS ANGELES 90023	P			1	4					
			WILLIAM MEAD	268 E. BLOOM ST., #322, LOS ANGELES 90012	P			1	4					
			BELL	6901 S. ATLANTIC AVENUE, BELL 90201	P			1	7					
			EAST LOS ANGELES	5427 E. WHITTIER BOULEVARD, STE. 101, LOS ANGELES 90022	P			1	7					
			PICO RIVERA	9436 E. SLAUSON AVENUE, PICO RIVERA 90660	P			1	7			33,840		
			WHITTIER WEST	3945 WHITTIER BLVD., LA 90023	P			1	7					
										1,885,399	0	33,840	0	1,919,239
3. AMERICAN INDIAN HEALING CENTER, INC. 12456 E. WASHINGTON BOULEVARD WHITTIER, CA 90602	T JOHN S. ANDREWS, EXECUTIVE DIRECTOR PH: (562) 693-4325 FAX: (562) 693-1115 EMAIL: J.Andrews@AIHCHEALER.com	H703432		12456 E. WASHINGTON BOULEVARD, WHITTIER 90602	P			4	7	30,080				
										30,080	0	0	0	30,080
4. ANTELOPE VALLEY COMMUNITY CLINIC 45074 10TH STREET WEST, STE. 109 LANCASTER, CA 93534	T JAMES A. COOK, EXECUTIVE DIRECTOR (661) 942-2391 X202 FAX: (661) 723-3769 EMAIL: jcook@avclinic.org	H703471	CARE-A-VAN	45074 10TH STREET W. STE. 109, LANCASTER 93534	P			5	1	41,830				
										41,830	0	0	0	41,830
5. ARROYO VISTA FAMILY HEALTH FOUNDATION 6000 N. FIGUEROA STREET LOS ANGELES, CA 90042	S J. LORRAINE ESTRADAS, CHIEF EXECUTIVE OFFICER PH: (323) 254-5291 FAX: (323) 254-4618 EMAIL: lestradas@arroyovista.org	H703424	EL SERENO	4815 E. VALLEY BOULEVARD, #D, LOS ANGELES 90032	P			1	4					
			HIGHLAND PARK	6000 N. FIGUEROA STREET, LOS ANGELES 90042	P	D		1	4					
			NO. BROADWAY	2411 N. BROADWAY, LOS ANGELES 90031	P	D		1	4					
			LOMA DRIVE	303 S. LOMA DRIVE, STE. 202, LOS ANGELES, 90017	P			1	4					
			MOBILE CLINIC	6000 N. FIGUEROA STREET, LOS ANGELES 90042	P			1	4					
										1,066,994	195,973	0	0	1,262,967
6. ASIAN PACIFIC HEALTH CARE VENTURE, INC. 1530 HILLHURST AVENUE, STE. 200 LOS ANGELES, CA 90027	S KAZUE SHIBATA, CHIEF EXECUTIVE OFFICER PH: (323) 644-3880 EXT 254 FAX: (323) 644-3892 EMAIL: kshibata@aphcv.org	H703451		1530 HILLHURST AVENUE, LOS ANGELES 90027	P			3	4	1,128,282				
										1,128,282	0	0	0	1,128,282
7. BAART COMMUNITY HEALTHCARE 1111 MARKET STREET, 4TH FLOOR SAN FRANCISCO, CA 94103-1513	T JASON KLETTER, PRESIDENT PH: (415) 552-7914 EXT 113 FAX: (415) 552-3455 EMAIL: jkletter@baartprograms.com	H703422	LA PUENTE	15229 E. AMAR ROAD, LA PUENTE, 91744	P			1	3	391,322				
			BEVERLY	1926 W. BEVERLY BOULEVARD, LOS ANGELES 90057	P	S		1	4	224,222		0		
			LYNWOOD	11315 S. ATLANTIC BOULEVARD, LYNWOOD 90262	P			2	6				204,356	
			SOUTHEAST	4920 S. AVALON, LOS ANGELES, 90011	P			2	6	600,942				
										1,216,486	0	0	204,356	1,420,842
8. BIENVENIDOS CHILDREN'S CENTER, INC. 316 W. 2ND STREET, STE. 800 LOS ANGELES, CA 90012	T RITCHIE GEISEL, PRESIDENT AND CHIEF EXECUTIVE DIRECTOR PH: (213) 785-5906 FAX: (213) 785-5928 EMAIL: rgeisel@bienvenidos.org	H703419		507 S. ATLANTIC BOULEVARD, LOS ANGELES 90022	P			1	7	224,754				
										224,754	0	0	0	224,754
9. CENTRAL CITY COMMUNITY HEALTH CENTER, INC. 5230 E. BEVERLY BOULEVARD LOS ANGELES, CA 90022	S GILBERT R. VARELA, M.D., CHIEF EXECUTIVE OFFICER PH: (323) 724-0019 FAX: (323) 724-3539 EMAIL: gilbertvarela@aol.com	H703413		5970 S. CENTRAL AVENUE, LOS ANGELES 90001	P			2	6	430,332			142,504	
										430,332	0	0	142,504	572,836

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					P	D	S			PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL
10. CENTRAL NEIGHBORHOOD MEDICAL GROUP, INC. 2707 S. CENTRAL AVENUE LOS ANGELES, CA 90011	T BASSETT H. L. BROWN, M.D., CHIEF EXECUTIVE OFFICER AND MEDICAL DIRECTOR PH: (323) 234-5000 FAX: (323) 231-3985 EMAIL: lacnhfl@aol.com	H703450		2707 S. CENTRAL AVENUE, LOS ANGELES, 90011	P			2	6	189,128			64,766	
										189,128	0	0	64,766	253,894
11. CHILDREN'S DENTAL FOUNDATION 455 E. COLUMBIA STREET LONG BEACH, CA 90806	T JOHN L. BLAKE, DDS, DENTAL DIRECTOR PH:(562) 933-8929 FAX: (562) 933-2049 EMAIL: Jblake@cdhc.org	H703416	BELLFLOWER	10005 E. FLOWER STREET, BELLFLOWER 90706 (CL)	D			4	7		179,515			
			AVALON	200 FALLS CANYON ROAD, AVALON 90704	D			4	8		332,335			
			LONG BEACH	455 E. COLUMBIA STREET, LONG BEACH 90806	D			4	8					
										0	511,850	0	0	511,850
12. CHINATOWN SERVICE CENTER 767 N. HILL STREET, STE. 400 LOS ANGELES, 90012	S LAWRENCE J. LUE, CHIEF EXECUTIVE DIRECTOR PH: (213) 808-1701 FAX: (213) 680-0787 EMAIL: llue@csla.org	H703429	LOS ANGELES	767 N. HILL STREET, STE. 200, LOS ANGELES, 90012	P			1	4	405,516				
										405,516		0	0	405,516
13. CLINICA MONSEÑOR OSCAR A. ROMERO 123 S. ALVARADO STREET LOS ANGELES, CA 90057	S ALBERT PACHECO, Ph.D., EXECUTIVE DIRECTOR PH: (213) 201-2745 FAX: (323) 987-1400 EMAIL: apacheco@clnicaromero.com	H703415	LOS ANGELES	123 S. ALVARADO STREET, LOS ANGELES 90057	P	D		1	4	1,924,086	206,467			
			NE HLTH CTR	2032 MARENGO STREET, LOS ANGELES 90033	P	D		1	4					
			ST. VINCENT CLINIC	201 S. ALVARADO STREET, LOS ANGELES 90057	P			1	4					
										1,924,086	206,467	0	0	2,130,553
14. COMMUNITY HEALTH ALLIANCE OF PASADENA 1855 N. FAIR OAKS AVENUE, STE. 200 PASADENA, CA 91103	S MARGARET B. MARTINEZ, CHIEF EXECUTIVE OFFICER PH: (626) 398-6300 FAX: (626) 398-5948 EMAIL: Margaret.martinez@chapcare.org	H703430		1855 N. FAIR OAKS AVENUE, #200, PASADENA 91103	P	D		5	3	1,007,210	235,956			
										1,007,210	235,956	0	0	1,243,166
15. COMPREHENSIVE COMMUNITY HEALTH CENTER 801 CHEVY CHASE DRIVE, STE. 20 GLENDALE, CA 91205	S ARA TAVITIAN, M.D., CHIEF EXECUTIVE OFFICER PH: (818) 265-2232 FAX: (818) 291-0291 EMAIL: roberts@cchccenters.org	H703443	GLENDALE	801 CHEVY CHASE DRIVE, STE. 250, GLENDALE 91205	P			5	2	100,000				
			NORTH HOLLYWOOD	12157 VICTORY BOULEVARD, NORTH HOLLYWOOD 91606	P			3	2					
										100,000		0	0	100,000
16. COMPTON CENTRAL HEALTH CLINIC, INC. 201 N. CENTRAL AVENUE COMPTON, CA 90220	T MARIE N. LAMOTHE, EXECUTIVE DIRECTOR PH: (310) 635-7123 FAX: (310) 635-0535 EMAIL: nande05@aol.com	H703447		201 N. CENTRAL AVENUE, COMPTON 90220	P			2	6	85,822			20,022	
										85,822	0	0	20,022	105,844
17. DURFEE FAMILY CARE MEDICAL GROUP 2006 DURFEE AVENUE EL MONTE, CA 91733	T ISHAK BISHARA, M.D., PRESIDENT AND MEDICAL DIRECTOR PH: (626) 442-5015 FAX: (626) 442-7810 EMAIL: ishakbishara@msn.com	H703448		2006 DURFEE AVENUE, EL MONTE 91733	P			1	3	305,124				
										305,124	0	0	0	305,124
18. EAST VALLEY COMMUNITY HEALTH CENTER, INC. 420 S. GLENDORA AVENUE W. COVINA, CA 91790	S ALICIA M. MARDINI, CHIEF EXECUTIVE OFFICER PH: (626) 919-4333 EXT 220 FAX: (626) 919-2084 EMAIL: amardini@evchc.org	H703444	POMONA	680 FAIRPLEX DRIVE, POMONA 91768	P			1	3	2,680,786	137,143			
			WEST COVINA	420 S. GLENDORA AVENUE, WEST COVINA 91790	P	D		5	3					
										2,680,786	137,143	0	0	2,817,929
19. EL DORADO COMMUNITY SERVICE CENTER 26460 SUMMIT CIRCLE SANTA CLARITA, CA 91350	S STAN SHARMA, Ph.D., EXECUTIVE DIRECTOR PH: (310) 678-7917 FAX: (661) 254-6644 EMAIL: stanisharma@msn.com	H703434	PALMDALE	2720 E. PALMDALE BOULEVARD, #129, PALMDALE 93550	P			5	1	10,058				
			HAWAIIAN GARDENS	21505 NORWALK BOULEVARD, HAWAIIAN GARDENS 90716	P			4	7	63,920				
			TAVARUA	8207 WHITTIER BOULEVARD, PICO RIVERA, 90660	P			1	7					
			INGLEWOOD	4450 W. CENTURY BOULEVARD, INGLEWOOD, 90304	P			2	8					
			LAWDALE	4023 MARINE AVENUE, LAWDALE, 90260	P			2	8	348,270				
										422,248	0	0	0	422,248
20. EL PROYECTO DEL BARRIO 8902 WOODMAN AVENUE ARLETA, CA 91331	S CORINNE SANCHEZ, ESQ., PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (818) 830-7133 FAX: (818) 895-0174 EMAIL: corinnesa@aol	H703417	ARLETA	8902 WOODMAN AVENUE, ARLETA 91331	P			3	2	1,469,902				
			CANOGA PARK	20800 SHERMAN WAY, WINETKA 91306	P	D		3	2		137,143			
			AZUSA HLTH CTR	150 N. AZUSA AVENUE, AZUSA 91702	P	S		1	3	459,096		10,000	0	
										1,928,998	137,143	10,000	0	2,076,141

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					P	D	S			PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL
21. EMILE G. SHENOUDA, M.D., INC. 10132 CALIFORNIA AVENUE S. GATE, CA 90280	T EMILE G. SHENOUDA, M.D., CHIEF EXECUTIVE OFFICER PH: (323) 566-4411 FAX: (323) 566-0390 EMAIL: mev930@yahoo.com	H703461	SOUTH GATE	10132 CALIFORNIA AVENUE, SOUTH GATE 90280	P			1	7	30,080				
										30,080	0	0	0	30,080
22. FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC. 6501 S. GARFIELD AVENUE BELL GARDENS, CA 90201	S JOHN A. KOTICK, J.D., CHIEF EXECUTIVE OFFICER PH: (562) 928-9600 EXT 305 FAX: (562) 927-8603 EMAIL: jkotic@fhcgla.org	H703431	BELL GARDENS	6501 S. GARFIELD AVENUE, BELL GARDENS, 90201	P			1	7	774,748				
			HAWAIIAN GARDENS	22310 WARDHAM AVENUE, HAWAIIAN GARDENS 90716 (TO)	P			4	7					
										774,748	0	0		774,748
23. GARFIELD HEALTH CENTER 210 N. GARFIELD AVENUE, STE. 203 MONTEREY PARK, CA 91754	T FRANCIS W. YU, M.D., MEDICAL DIRECTOR AND EXECUTIVE DIRECTOR PH: (626) 307-7397 FAX: (626) 307-1807 EMAIL: ycmedical@aol.com	H703409		210 N. GARFIELD AVENUE, STE. 203, MONTEREY PARK 91754	P			1	3	645,122				
										645,122	0	0	0	645,122
24. HARBOR COMMUNITY CLINIC 593 W. 6TH STREET SAN PEDRO, CA 90731	S MICHELE D. RUPLÉ, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER PH: (310) 547-8241 FAX: (310) 547-5096 EMAIL: harborfreeclinic@earthlink.net	H703406		593 W. 6TH STREET, SAN PEDRO, 90731	P			4	8	459,660				
			PEDIATRIC CENTER	731 S. BEACON STREET, SAN PEDRO 90731 (CL)	P			4	8					
										459,660	0	0	0	459,660
25. JWCH INSTITUTE, INC. 1910 W. SUNSET BOULEVARD, STE. 650 LOS ANGELES, CA 90026	S ALVARO BALLESTEROS, CHIEF EXECUTIVE OFFICER PH: (213) 484-1186 FAX: (213) 413-3443 EMAIL: aballesteros@jwchinstitute.org	H703463	ABBEY APARTMENTS	625 S. SAN PEDRO STREET, LOS ANGELES 90014	P			2	4	1,513,682				
			CENTER FOR COMMUNITY HEALTH	522 SAN PEDRO STREET, LOS ANGELES 90013	P			2	4			28,200		
			COVENANT HOUSE	1325 N. WESTERN AVENUE, HOLLYWOOD 90027	P			3	4					
			DOWNTOWN WOMEN'S CENTER	325 S. LOS ANGELES STREET, LOS ANGELES 90013	P			1	4					
			PATH	340 N. MADISON AVENUE, LOS ANGELES 90004	P			2	4					
			PROJECT 50	500 E. MAIN STREET, LOS ANGELES, 90013	P			1	4					
			ST. GEORGE	115 E. THIRD STREET, LOS ANGELES, 90013	P			2	4					
			WOMEN'S CLINIC	3620 MARTIN LUTHER KING BOULEVARD, LYNNWOOD 90262	P			2	6	10,058			3,478	
			BELL GARDENS	6912 AJAX AVENUE, BELL GARDENS 90201	P			1	7	471,880		51,888		
			BELL SHELTER	5600 RICKENBAUCKER ROAD, BUILDING 1E, BELL 90201	P			1	7					
			NORWALK	12360 FIRESTONE BOULEVARD, NORWALK 90650	P			4	7					
										1,995,620	0	80,088	3,478	2,079,186
26. KOREAN HEALTH, EDUCATION, INFORMATION AND RESEARCH CENTER 3727 W. 6TH STREET, STE. 210 LOS ANGELES, CA 90020	S ERIN K. PAK, CHIEF EXECUTIVE OFFICER PH: (213) 427-4000 EXT 121 FAX: (213) 427-4008 EMAIL: erinpak@lakheir.org	H703462		3727 W. 6TH STREET, STE. 200, LOS ANGELES 90020	P			2	4	112,330				
										112,330	0	0	0	112,330
27. KORYO HEALTH FOUNDATION 1058 S. VERMONT AVENUE LOS ANGELES, CA 90006	T SOON MYUNG CHA, M.D., CHIEF EXECUTIVE OFFICER PH: (213) 380-8833 FAX: (213) 368-6047 EMAIL: koryohf@yahoo.com	H703411		1058 S. VERMONT AVENUE, LOS ANGELES 90006	P			2	4	97,102				
										97,102	0	0	0	97,102
28. LOS ANGELES FREE CLINIC, dba THE SABAN FREE CLINIC 8405 BEVERLY BOULEVARD LOS ANGELES, CA 90048	S JEFF BUJER, CO- CHIEF EXECUTIVE OFFICER PH: (323) 330-1660 FAX: (323) 658-6773 EMAIL: jbujer@lafreecclinic.org	H703435	BEVERLY	8405 BEVERLY BOULEVARD, LOS ANGELES 90048	P	D	S	3	4	3,216,022	616,108	222,828		
			HOLLYWOOD/WILSHIRE	5205 MELROSE AVENUE, LOS ANGELES 90038	P	D	S	3	4					
			HOLLYWOOD	6043 HOLLYWOOD BOULEVARD, LOS ANGELES 90028	P			3	4					
										3,216,022	616,108	222,828	0	4,054,958

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					P	D	S			PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL
29. MEDICAL GROUP OF PARAMOUNT, INC. ⁽²⁾ 14906 PARAMOUNT BOULEVARD PARAMOUNT, CA 90723	T NABIL H. KHOURY, M.D., PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (562) 630-1991 FAX: (562) 630-0145 EMAIL: manuelnabila@aol.com	H703442		14906 PARAMOUNT BOULEVARD, PARAMOUNT 90723	P			4	7	0				
										0	0	0	0	0
30. MISSION CITY COMMUNITY NETWORK, INC. 15206 PARTHENIA STREET NORTH HILLS, CA 91343	S NIK GUPTA, CHIEF EXECUTIVE OFFICER PH: (818) 895-3100 EXT 602 FAX: (818) 892-4651 EMAIL: nikg@mcnc.org	H703421	NORTH HILLS	15206 PARTHENIA STREET, NORTH HILLS 91343	P	D		3	2		25,714			
			PACOIMA	9919 LAUREL CANYON BOULEVARD, PACOIMA 91331	P			3	2	886,890				
			RESEDA	18905 SHERMAN WAY, STE. 100B, RESEDA 91334	P			3	2					
			HOLLYWOOD	4842 HOLLYWOOD BOULEVARD, LOS ANGELES 90027	P			3	4	37,318				
31. NORTHEAST COMMUNITY CLINIC 2550 W. MAIN STREET, STE. 301 ALHAMBRA, CA 91801	S CHRISTOPHER LAU, M.D., EXECUTIVE DIRECTOR PH: (626) 457-6900 FAX: (626) 457-6916 EMAIL: clau@nec.md	H703437	CFC	1414 S. GRAND AVENUE, 2ND FLOOR, LOS ANGELES 90015	P			1	4	740,156				
			LOS ANGELES	5428 N. FIGUEROA STREET, LOS ANGELES 90042	P			1	4					
			FOSHAY	3751 S. HARVARD BOULEVARD, LOS ANGELES 90018	P			2	6					
			LAS MUJERES	231 W. VERNON AVENUE, STE. 203, LOS ANGELES 90037	P			2	6	115,056			37,224	
			BELL	4129 E. GAGE AVENUE, BELL 90201	P			1	7	214,414				
			WILMINGTON	714 N. AVALON B3, WILMINGTON 90744	P			4	8	138,838				
										1,208,464	0	0	37,224	1,245,688
32. NORTHEAST VALLEY HEALTH CORPORATION 1172 N. MACLAY AVENUE SAN FERNANDO, CA 91340	S KIMBERLY WYARD, CHIEF EXECUTIVE OFFICER PH: (818) 898-1388 EXT 41620 FAX: (818) 365-4031 EMAIL: KimWyard@nevhc.org	H703428	CANOGA PARK	7107 REMMET AVENUE, CANOGA PARK 91303 (TO)	P			3	2					
			HOMELESS HC	7843 LANKERSHIM BOULEVARD, NORTH HOLLYWOOD 91605	P			3	2					
			PACOIMA	12756 VAN NUYS BOULEVARD, PACOIMA 91331	P			3	2					
			SAN FERNANDO	1600 SAN FERNANDO ROAD, SAN FERNANDO 91340	P	D		3	2	2,342,010				
			SUN VALLEY	7223 N. FAIR AVENUE, SUN VALLEY 91352	P	D		3	2		479,205			
			VALENCIA	23763 VALENCIA BOULEVARD, VALENCIA 91355 (CL)	P			5	2					
33. PEDIATRIC & FAMILY MEDICAL CENTER dba EISNER PEDIATRIC & FAMILY MEDICAL CENTER 1530 S. OLIVE STREET LOS ANGELES, CA 90015	S CARL E. COAN, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (213) 746-1037 EXT 3330 FAX: (213) 746-9379 EMAIL: ccoan@pedcenter.org	H703414		1530 S. OLIVE STREET, LOS ANGELES 90015	P	D		1	4	1,508,042	448,661			
										1,508,042	448,661	0	0	1,956,703
34. POMONA VALLEY HOSPITAL MEDICAL CENTER / COMMUNITY HEALTH CENTER 1798 N. GAREY AVENUE POMONA, CA 91767	T RICHARD E. YOCHUM, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (909) 865-9500 FAX: (909) 865-9796 EMAIL: rich.yochum@pvhmc.org	H703418	POMONA HLTH CTR	750 S. PARK AVENUE, # 101, POMONA 91766 (CL)	P			1	3					
			WESTERN UNIVERSITY	887 E. SECOND STREET, STE. C, POMONA 91766	P			1	3	780,670				
										780,670	0	0	0	780,670
35. QUEENSCARE FAMILY CLINICS 1300 N. VERMONT AVENUE, STE. 1002 LOS ANGELES, CA 90027	S BARBARA B. HINES, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (323) 669-4305 FAX: (323) 953-6244 EMAIL: bbhines@queenscare.org	H703412	BRESEE	184 S. BIMINI PLACE, LOS ANGELES 90004	P			2	4					
			EAGLE ROCK	4448 YORK BOULEVARD, LOS ANGELES 90041	P	D		1	4					
			ECHO PARK	150 N. RENO STREET, LOS ANGELES 90026	P	D		1	4	3,648,140	661,804			
			HOLLYWOOD	4618 FOUNTAIN AVENUE, LOS ANGELES 90029	P	D		1	4		220,336			
			SUNOL	133 N. SUNOL DRIVE, LOS ANGELES 90063	P	D		1	7	804,922	230,109			
			EASTSIDE	4560 E. CESAR CHAVEZ AVENUE, LOS ANGELES 90022	P			1	7					
36. SACRED HEART FAMILY MEDICAL CLINIC, INC. 8540 ALONDRA BOULEVARD, STE. B2 PARAMOUNT, CA 90723	T EDUARDO S. ORNEDO, M.D., PRESIDENT AND MEDICAL DIRECTOR PH: (562) 602-2508 FAX: (562) 602-2382 EMAIL: sacredheartfamily@sbcglobal.net	H703425		8540 ALONDRA BOULEVARD, STE. B2, PARAMOUNT 90723	P			4	6	64,014			23,312	
										64,014	0	0	23,312	87,326
37. SAMUEL DIXON FAMILY HEALTH CENTER, INC. 25115 W. AVENUE STANFORD, STE. A-104 VALENCIA, CA 91355	T CHERYL LAYMON, EXECUTIVE DIRECTOR PH: (661) 257-7892 FAX: (661) 257-2384 EMAIL: cheryl@sdfhc.org	H703420		27225 CAMP PLENTY ROAD, #2, CANYON COUNTRY 91351	P			5	2	56,196				
										56,196	0	0	0	56,196

**PUBLIC-PRIVATE PARTNERSHIP (PPP) PROGRAM
JULY 1, 2010 - JUNE 30, 2011 ALLOCATION
JULY 1, 2011 - JUNE 30, 2012 ALLOCATION**

ATTACHMENT A

AGENCY/ HEADQUARTERS ADDRESS/ CONTRACT TYPE	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	CONTRACT NUMBER	SITE NAME	SITE ADDRESS	SERVICE TYPE(S)			SUP DIST	SP A	SERVICE TYPE(S) - FY 2010-11 ALLOCATION ⁽¹⁾				
					P	D	S			PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL
38. SOUTH ATLANTIC MEDICAL GROUP, INC. 5504 E. WHITTIER BOULEVARD LOS ANGELES, CA 90022	T NISSAN KAHEN, M.D., PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (323) 725-0167 FAX: (323) 725-6933 EMAIL: jldono@samg.org	H703453	EL MONTE	11518 GARVEY AVENUE, EL MONTE 91732	P			1	3	10,058				
			EAST LOS ANGELES	5504 E. WHITTIER BOULEVARD, LOS ANGELES 90022	P			1	7					
			HUNTINGTON PK	2616 CLARENDON AVENUE, HUNTINGTON PARK 90265	P			1	7	190,820				
			GARDENA	1030 GARDENA BOULEVARD, GARDENA 90247	P			2	8	43,992				
										244,870	0	0	0	244,870
39. SOUTH BAY FAMILY HEALTHCARE CENTER 23430 HAWTHORNE BOULEVARD, STE. 210 TORRANCE, CA 90505	S JANN HAMILTON LEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (310) 802-6177 FAX: (310) 802-6178 EMAIL: jhamiltonlee@sbcclinic.org	H703436	GARDENA	742 W. GARDENA BOULEVARD, GARDENA 90247	P	D		2	8			11,280		
			REDONDO BEACH	2114 ARTESIA BOULEVARD, REDONDO BEACH 90278	P	D		4	8	2,225,638	208,572			
			INGLEWOOD	1091 S. LA BREA, INGLEWOOD 90301	P			2	8					
										2,225,638	208,572	11,280	0	2,445,490
40. SOUTH CENTRAL FAMILY HEALTH CENTER 4425 S. CENTRAL AVENUE LOS ANGELES, CA 90011	S RICHARD A. VELOZ, CHIEF EXECUTIVE OFFICER PH: (323) 908-4247 FAX: (323) 908-4256 EMAIL: Richardv@scfhc.org	H703426		4425 S. CENTRAL AVENUE, LOS ANGELES 90011	P			2	6				310,726	
			ACCELERATED SCHOOL	4000 S. MAIN STREET, LOS ANGELES 90011	P			2	6	915,130				
										915,130	0	0	310,726	1,225,856
41. ST. JOHN'S WELL CHILD AND FAMILY CENTER, INC. 5701 S. HOOVER STREET LOS ANGELES, CA 90037	S JAMES J. MANGIA, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (323) 541-1600 FAX: (323) 541-1661 EMAIL: jimmgangia@wellchild.org	H703427	LINCOLN HEIGHTS	2512 N. ALTA STREET, LOS ANGELES 90031	P	D		1	4	752	20,166			
			COMPTON	2115 N. WILMINGTON AVENUE, COMPTON 90222	P	D		2	6					
			HOOVER	5701 S. HOOVER STREET, LOS ANGELES 90037	P	D		2	6	662,208	234,517	138,672	248,348	
			HYDE PARK	6505 S. 8TH AVENUE, LOS ANGELES 90043	P	D		2	6					
			LOS ANGELES	1910 MAGNOLIA STREET, LOS ANGELES 90007	P	D		1	6					
										662,960	254,683	138,672	248,348	1,304,663
42. T.H.E. CLINIC, INC. 3834 S. WESTERN AVENUE LOS ANGELES, CA 90062	S RISE K. PHILLIPS, CHIEF EXECUTIVE OFFICER PH: (323) 730-1920 FAX: (323) 730-9777 EMAIL: rphillips@thelclinicinc.org	H703469		3834 S. WESTERN AVENUE, LOS ANGELES 90062 (CL)	P			2	6	506,660			166,474	
										506,660	0	0	166,474	673,134
43. TARZANA TREATMENT CENTER, INC. 18646 OXNARD STREET TARZANA, CA 91356	S SCOTT TAYLOR, CHIEF EXECUTIVE OFFICER PH: (818) 654-3815 FAX: (818) 996-3051 EMAIL: asenella@Tarzanatc.org Contact Albert Senella	H703410	LANCASTER	907 W. LANCASTER BOULEVARD, LANCASTER 93534	P			5	1	625,290				
			WEST VALLEY	8330 RESEDA BOULEVARD, NORTHRIDGE 91324	P			3	2	937,936				
										1,563,226	0	0	0	1,563,226
44. THE CATALYST FOUNDATION FOR AIDS AWARENESS AND CARE 44758 ELM AVENUE LANCASTER, CA 93534	T SUSAN LAWRENCE, M.D., EXECUTIVE DIRECTOR PH: (661) 948-8559 FAX: (661) 951-0369 EMAIL: maryanne@gnet.com	H703454		44758 ELM AVENUE, LANCASTER 93534	P			5	1	30,080				
										30,080	0	0	0	30,080
45. THE CHILDREN'S CLINIC, "SERVING CHILDREN AND THEIR FAMILIES" 2790 ATLANTIC AVENUE LONG BEACH, CA 90806	S ELISA NICHOLAS, M.D., M.S.P.H., CHIEF EXECUTIVE OFFICER PH: (562) 933-0430 FAX: (562) 933-0415 EMAIL: enicholas@memorialcare.org	H703441	CESAR CHAVEZ	730 W. 3RD STREET, LONG BEACH 90802	P			4	8					
			MULTI-SRV CTR	1301 W. 12TH STREET, LONG BEACH 90813	P			4	8					
			N. LONG BEACH	1060 E. 70TH STREET, LONG BEACH 90805	P			4	8	1,526,654				
			PINE	1057 PINE AVENUE, LONG BEACH 90813	P			4	8					
			SERVING CHILDREN	455 COLUMBIA STREET, STE. 201, LONG BEACH 90806	P	S		4	8			10,000	0	
										1,526,654	0	10,000	0	1,536,654
46. THE CHURCH OF OUR SAVIOUR 4368 SANTA ANITA AVENUE EL MONTE, CA 91731	T RICHARD HILL, EXECUTIVE DIRECTOR PH: (626) 579-2190 FAX: (626) 579-2689 EMAIL: rhill@oursaviourcenter.org	H703439		4368 SANTA ANITA AVENUE, EL MONTE 91731	P			1	3	122,576				
										122,576	0	0	0	122,576
47. UNIVERSAL HEALTH FOUNDATION 2020 E. FIRST STREET LOS ANGELES, CA 90033	T SYED K. MULTANI, EXECUTIVE DIRECTOR PH: (323) 980-9600 FAX: (323) 980-9676 EMAIL: uhfca@aol.com	H703468		2020 E. FIRST STREET, LOS ANGELES 90033	P			1	4	33,746				
										33,746	0	0	0	33,746

**PUBLIC-PRIVATE PARTNERSHIP (PPP) PROGRAM
JULY 1, 2010 - JUNE 30, 2011 ALLOCATION
JULY 1, 2011 - JUNE 30, 2012 ALLOCATION**

ATTACHMENT A

AGENCY/ HEADQUARTERS ADDRESS/ CONTRACT TYPE	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	CONTRACT NUMBER	SITE NAME	SITE ADDRESS	SERVICE TYPE(S)			SUP DIST	SP A	SERVICE TYPE(S) - FY 2010-11 ALLOCATION ⁽¹⁾				
					P	D	S			PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL
48. UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC S 711 W. FLORENCE AVENUE LOS ANGELES, CA 90044	YASSER AMAN, M.P.H., CHIEF EXECUTIVE OFFICER PH: (323) 967-0375 FAX: (323) 759-8662 EMAIL: yasser@ummaclinic.org	H703440		711 W. FLORENCE AVENUE, LOS ANGELES 90044	P		S	2	6	274,198		6,005	89,206	
										274,198	0	6,005	89,206	369,409
49. URDC HUMAN SERVICES CORPORATION S 1460 N. LAKE AVENUE, STE. 107 PASADENA, CA 91114	AL SORKIN, Ph.D., EXECUTIVE DIRECTOR PH: (626) 398-3796 FAX: (626) 398-3895 EMAIL: apsorkin@aatt.net	H703456		1460 N. LAKE AVENUE, PASADENA 91104	P			5	3	30,080				
										30,080	0	0	0	30,080
50. VALLEY COMMUNITY CLINIC S 6801 COLDWATER CANYON AVENUE N. HOLLYWOOD, CA 91605	PAULA WILSON, PRESIDENT & CHIEF EXECUTIVE OFFICER PH: (818) 763-1718 EXT 204 FAX: (818) 763-7231 EMAIL: pwilson@valleyclinic.org	H703408		6801 COLDWATER CANYON AVENUE, STE. 1B, NORTH HOLLYWOOD 91605	P			3	2	1,339,030				
										1,339,030	0	0	0	1,339,030
51. VENICE FAMILY CLINIC S 604 ROSE AVENUE VENICE, CA 90291	ELIZABETH BENSON FORER, M.S.W., M.P.H., CHIEF EXECUTIVE OFFICER PH: (310) 664-7901 FAX: (310) 314-7641 EMAIL: eforer@mednet.ucla.edu	H703423	ROBERT LEVINE HLT CTR	905 VENICE BOULEVARD, VENICE 90291	P			3	5	3,545,736				
			MAR VISTA GARDENS	4909 MARIONWOOD DRIVE, CULVER CITY 90230	P			2	5					
			SIMMS/MANN	2509 PICO BOULEVARD, SANTA MONICA 90405	P	D	S	3	5		147,941	215,800		
			VENICE	604 ROSE AVENUE, VENICE 90291	P		S	3	5					
										3,545,736	147,941	215,800	0	3,909,477
52. WATTS HEALTHCARE CORPORATION S 10300 COMPTON AVENUE LOS ANGELES, CA 90002	WILLIAM D. HOBSON, JR., PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (323) 568-4414 FAX: (323) 563-6378 william.hobson@wattshealth.org	H703455		10300 COMPTON AVENUE, LOS ANGELES 90002	P	D		2	6	261,414	101,249		101,332	
			GRENSHAW COM HC	3756 SANTA ROSALIA, STE. 400, LOS ANGELES 90008	P			2	6					
										261,414	101,249	0	101,332	463,995
53. WESTSIDE FAMILY HEALTH CENTER S 1711 OCEAN PARK BOULEVARD SANTA MONICA, CA 90405	DEBRA A. FARMER, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (310) 450-4773, EXT 222 FAX: (310) 450-0873 EMAIL: dfarmer@wfthcenter.org	H703438		1711 OCEAN PARK BOULEVARD, SANTA MONICA 90405	P			3	5	348,364				
										348,364	0	0	0	348,364
54. WESTSIDE NEIGHBORHOOD CLINIC S 2125 SANTA FE AVENUE LONG BEACH, CA 90810	ALAN TERWEY, EXECUTIVE DIRECTOR PH: (562) 432-9575 FAX: (562) 432-9590 EMAIL: wnc7@aol.com	H703449		2125 SANTA FE AVENUE, LONG BEACH 90810	P			4	8	405,140				
										405,140	0	0	0	405,140
55. WILMINGTON COMMUNITY CLINIC S 1009 N. AVALON BOULEVARD WILMINGTON, CA 90744	DOLORES BONILLA CLAY, CHIEF EXECUTIVE OFFICER PH: (310) 549-9717 FAX: (310) 549-2277 EMAIL: dbclay@dslextrame.com	H703445	MARY HENRY	10901 S. VERMONT AVENUE, LOS ANGELES 90044	P			2	8	477,144				
			WILMINGTON	1009 N. AVALON BOULEVARD, WILMINGTON 90744	P			4	8					
										477,144	0	0	0	477,144
GRAND TOTAL										\$49,590,315	\$4,598,578	\$948,849	\$1,411,748	\$56,549,490

Service Type	Contract Type
P = Primary Care	S = Strategic
D = Dental Care	T = Traditional
S = Specialty Care	
CL - Co-location	
TO - Takeover	

Number of active sites : 135

⁽¹⁾ The allocations remain the same for each fiscal year the contracts are in effect beginning with FY 2010-11.

⁽²⁾ Medical Group of Paramount has elected not to participate in the PPP Program effective with FY 2010-11.

04/28/10 JA

EXHIBIT I

**COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES**

PUBLIC-PRIVATE PARTNERSHIP (PPP) PROGRAM

**HEALTH CARE SERVICES AGREEMENT
(Superseding)**

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PUBLIC-PRIVATE PARTNERSHIP (PPP) PROGRAM
HEALTH CARE SERVICES AGREEMENT**

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Contract # _____

**PUBLIC-PRIVATE PARTNERSHIP PROGRAM
HEALTH CARE SERVICES AGREEMENT**
(Strategic/Traditional Partner Facility Sites)

THIS AGREEMENT is made and entered into this _____ day
of _____, 2010,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

(hereafter "Contractor").

WHEREAS, pursuant to California Health and Safety Code sections 1441 and 1445, County has established and operates, through its Department of Health Services ("DHS" or "Department"), various County hospitals, comprehensive health centers and health centers (hereafter collectively "County Facilities"); and

WHEREAS, pursuant to the provisions of section 1451 of the California Health and Safety Code and section 31000 of the California Government Code, County finds that the services to be provided hereunder are not immediately available at County Facilities and that such services are necessary for the needs of the sick and injured patients to be served; and

WHEREAS, Contractor was selected as a result of the May 2006 Request for Proposals (RFP) for Public-Private Partnership (PPP) Program Primary Care, Dental Care, and Specialty Care Services; and

WHEREAS, Contractor has been designated as a Strategic or Traditional Partner as a result of the RFP process; and

WHEREAS, on September 18, 2007 the Board of Supervisor's instructed the Chief Executive Officer (CEO) to convene a PPP workgroup to develop a funding allocation methodology, which workgroup was designated as the PPP Allocation Formula Working Group (Working Group); and

WHEREAS, the intent of the Working Group was to provide recommendations to the Board of Supervisors on an equitable, Countywide funding allocation methodology that would best meet the health care needs of the uninsured and underinsured residents of Los Angeles County; and

WHEREAS, on April 22, 2008 the Board of Supervisor's accepted the proposed funding allocation methodology developed by the Working Group; and

WHEREAS, the funding allocations contained in this contract and any subsequent amendments will be made according to the Board approved funding methodology formulary; and

WHEREAS, the County will distribute funds to each PPP provider based on the Board approved funding methodology among the County Service Planning Areas (SPAs) which may result in an increase or decrease in funding to address equity according to the approved funding methodology formulary; and

WHEREAS, on October 12, 2007 Senate Bill (SB) 474 was signed into law by Governor Arnold Schwarzenegger to establish the South Los Angeles Medical Services Preservation Fund (Preservation Fund) to address the regional impact of the closure of Martin Luther King, Jr.-Harbor Hospital and help defray the cost for treating uninsured

patients in the South Los Angeles area; and

WHEREAS, Contractor is a health care services provider in the South Los Angeles area as a result of its participation in the County's PPP Program; and

WHEREAS, as a PPP Program provider in SPA 6, Contractor is also within the boundary of the Preservation Fund; and

WHEREAS, it is in part the intent of the parties hereto through this Agreement to stabilize health services for low-income, and underserved populations of South Los Angeles for PPP Program Health Care Services, and

WHEREAS, as to Preservation Fund services, this Agreement is authorized under Section 44.7 of the Los Angeles County Charter and exempt from the provisions of County Code section 2.121 given they are expressly provided for by statute and the use of Contractor's services is necessary to assure an adequate breadth of services to meet the needs of the County; and

WHEREAS, Contractor is duly licensed and certified under the laws of the State of California to engage in the business of providing health care services as described hereunder and possesses the competence, expertise, and personnel required to provide such services; and

WHEREAS, Contractor is willing to provide the services described herein for and in consideration of the payments provided under this Agreement and under the terms and conditions hereinafter set forth; and

WHEREAS, this Agreement is authorized by Government Code sections 26227 and 53703, and Health and Safety Code section 1451, among others;

WHEREAS, the term "Fiscal Year" as used herein refers to County's fiscal year which commences July 1 and ends the following June 30; and

WHEREAS, the term "Director" as used herein refers to county's Director of Department of Health Services or his/her authorized designee(s).

WHEREAS, the terms "Strategic Partner" or "Traditional Partner" as used herein refers to Contractor's designation as determined by County.

WHEREAS, the term "Co-Location or Takeover Clinic" as used herein refers to Contractors who are co-located with County services or who have taken over a County health clinic;

NOW, THEREFORE, the parties hereto agree as follows:

1. PRIOR AGREEMENT SUPERSEDED: Effective July 1, 2009, this Agreement shall replace and supersede PPP Program Services Agreement Number _____ and any all amendments thereto. Notwithstanding any other provision of this Agreement, in the event that County has conducted an annual audit of Contractor's administrative, fiscal or programmatic components for Fiscal Year 2009-2010, that audit shall serve as the annual audit required under this Agreement as to any or all components which were audited.

2. TERM OF AGREEMENT: This Agreement shall be effective July 1, 2008 through June 30, 2010, and shall continue in full force and effect to and including June 30, 2010. This Agreement shall be thereafter automatically renewed for two (2) additional (12) month period, effective July 1, 2010 through June 30, 2012, without further action by the parties hereto, provided that funding is appropriated by the Board for the extended renewal period, unless either party desires not to renew the same then written notice must be given

to the other party no less than thirty (30) calendar days prior to the end of any such twelve (12) month period. All provisions of the Agreement in effect on June 30, 2010, shall remain in effect for all renewal periods. Contractor shall be compensated according to the payment provisions and rate(s) specified in this Agreement.

Notwithstanding the foregoing, PPP Takeover contractors shall not be required to vacate County-provided service sites. In the event Contractor is a Takeover PPP provider, the parties hereto will meet one hundred twenty (120) days prior to the termination of Contractor's Takeover agreement to address continued operation of the site(s) by Contractor.

Notwithstanding the foregoing, and as to PPP Program Strategic Partners only, in the event that County must curtail or eliminate the PPP Program because of budgetary cut-backs during the term of this Agreement, Contractor shall continue to provide services hereunder at a minimum level of ten percent (10%) of the Maximum Obligation, which will exclude SB474 funds, in effect at the effective date of the curtailment or elimination, for two (2) additional years beyond the effective date of the PPP Program curtailment or elimination at no additional cost to County. In the event of any such curtailment or elimination, and prior to any such curtailment or elimination, this requirement shall be implemented by the parties by a formal negotiated amendment to this Agreement; such amendment shall address the continuing rights and responsibilities of the parties. Negotiations shall begin at least one hundred twenty (120) days prior to the anticipated effective date of any such curtailment or elimination.

3. MAXIMUM OBLIGATION:

A. County's reimbursement to Contractor for July 1, 2008 through June

30, 2009 shall not exceed _____ Dollars (\$_____) in total ("Total PPP Maximum Obligation"). That portion of the Total PPP Maximum Obligation shall be _____ Dollars (\$_____) for the provision of Primary Care Services (Exhibits __ and __); and _____ Dollars (\$_____) for the provision of Specialty Care Services (Exhibits __ and __), and _____ Dollars (\$_____) for the provision of Dental Care Services (Exhibits __ and __). In the event of under or over-performance of Dental Care Services, County shall have the discretion to adjust Contractor's funding for Dental Care Services pursuant to Paragraph XX of this Agreement.

Contractor's Total PPP Maximum Obligation shall be allocated across all Service Planning Areas (SPA's) in which Contractor provides services as set forth in Attachment _____ to this Agreement, attached hereto and incorporated herein by this reference.

B. County's maximum obligation to Contractor for the period of July 1, 2008 through June 30, 2009, shall not exceed _____ Dollars (\$_____) for the provision of primary care services under this Agreement for the Preservation Fund. This allocation may not be redirected to any other service(s) provided under this Agreement.

C. County's reimbursement to Contractor for July 1, 2009 through June 30, 2010 shall not exceed _____ Dollars (\$_____) in total (Total PPP Maximum Obligation). That portion of the Total PPP Maximum Obligation shall be _____ Dollars (\$_____) for the provision of Primary Care Services (Exhibits __ and __); and _____ Dollars (\$_____) for the provision of Specialty Care Services (Exhibits __

and __), and ____ Dollars (\$_____) for the provision of Dental Care Services (Exhibits __ and __). In the event of under or over-performance of Dental Care Services, County shall have the discretion to adjust Contractor's funding for Dental Care Services pursuant to Paragraph ____ of this Agreement.

Contractor's Total PPP Maximum Obligation shall be allocated across all Service Planning Areas (SPA's) in which Contractor provides services as set forth in Attachment ____ to this Agreement, attached hereto and incorporated herein by this reference.

D. County's maximum obligation to Contractor for the period of July 1, 2009 through June 30, 2010, shall not exceed _____ Dollars (\$_____) for the provision of primary care services under this Agreement for the Preservation Fund. Funding is contingent upon receipt of continued Preservation Fund money. This allocation may not be redirected to any other service(s) provided under this Agreement.

E. County's reimbursement to Contractor for July 1, 2010 through June 30, 2011 shall not exceed ____ Dollars (\$_____) in total (Total PPP Maximum Obligation). That portion of the Total PPP Maximum Obligation shall be ____ Dollars (\$_____) for the provision of Primary Care Services (Exhibits __ and __); and ____ Dollars (\$_____) for the provision of Specialty Care Services (Exhibits __ and __), and ____ Dollars (\$_____) for the provision of Dental Care Services (Exhibits __ and __). In the event of under or over-performance of Dental Care Services, County shall have the discretion to adjust Contractor's funding for Dental Care Services pursuant to Paragraph XX of this Agreement.

Contractor's Total PPP Maximum Obligation shall be allocated across all Service Planning Areas (SPA's) in which Contractor provides services as set forth in Attachment ____ to this Agreement, attached hereto and incorporated herein by this reference.

F. County's maximum obligation to Contractor for the period of July 1, 2010 through June 30, 2011, shall not exceed ____ Dollars (\$____) for the provision of primary care services under this Agreement for the Preservation Fund. Funding is contingent upon receipt of continued Preservation Fund money. This allocation may not be redirected to any other service(s) provided under this Agreement.

G. County's reimbursement to Contractor for July 1, 2011 through June 30, 2012 shall not exceed ____ Dollars (\$____) in total (Total PPP Maximum Obligation). That portion of the Total PPP Maximum Obligation shall be ____ Dollars (\$____) for the provision of Primary Care Services (Exhibits __ and __); and ____ Dollars (\$____) for the provision of Specialty Care Services (Exhibits __ and __), and ____ Dollars (\$____) for the provision of Dental Care Services (Exhibits __ and __). In the event of under or over-performance of Dental Care Services, County shall have the discretion to adjust Contractor's funding for Dental Care Services pursuant to Paragraph ____ of this Agreement.

Contractor's Total PPP Maximum Obligation shall be allocated across all Service Planning Areas (SPA's) in which Contractor provides services as set forth in Attachment ____ to this Agreement, attached hereto and incorporated herein by this reference.

H. County's maximum obligation to Contractor for the period of July 1, 2011 through June 30, 2012, shall not exceed _____Dollars (\$_____) for the provision of primary care services under this Agreement for the Preservation Fund. Funding is contingent upon receipt of continued Preservation Fund money. In the event of under or over-performance of primary care services under this Agreement for the Preservation Fund, County shall have the discretion to adjust Contractor's funding for primary care services for the Preservation Fund, pursuant to Paragraph XX of this Agreement. This allocation may not be redirected to any other service(s) provided under this Agreement.

The parties shall address future fiscal year funding allocations through a formal amendment to the Agreement or Administrative Amendment as described below.

4. FUNDING ADJUSTMENTS:

A. "ALLOCATION METHODOLOGY FORMULA": As used in this Paragraph 4, the term "Allocation Methodology Formula" shall mean the methodology approved by County's Board of Supervisors on April 22, 2008, based on a formula of 100% unmet need, which Formula is intended to address funding inequities between DHS SPAs. A true and correct copy of the County's Allocation Methodology Formula is attached hereto as Exhibit ____ and incorporated herein by this reference.

B. FISCAL YEAR CLOSE ASSESSMENT: If, upon the conclusion of any Fiscal Year that this Agreement is in effect, County determines that any portion of the funds budgeted for expenditure within the PPP Program was not expended,

Director may, at his/her sole discretion, and upon prior, written notice to the Chief Executive Officer, County Counsel and the County's Board of Supervisors, "roll forward" any such unexpended funds from the Fiscal Year in which they were not expended to the next Fiscal Year. The authority to "roll forward" shall begin with Fiscal Year 2007-08. Such funds, if available, will be allocated as defined in the Clinic Capacity Expansion Project (CCEP) Agreements in accordance with the Board approved Allocation Methodology. Additionally, in accordance with the Board of Supervisor's directive dated February 3, 2009, and as to SPA 2 only, these unexpended funds shall "roll forward" but shall be allocated to SPA 2 agencies in order to maintain SPA 2 at equity under the CCEP.

Notwithstanding the foregoing, funds available to the PPP Program as a result of the early termination of a PPP agreement or the failure of a potential PPP provider to execute a PPP agreement shall not be considered "unexpended funds."

Accordingly, funds from these sources shall not be allocated to SPA 2 but, at the Director's sole discretion, shall be re-allocated to existing providers in the SPA(s) to which the funds were originally allocated in order to maintain services for patients impacted by the early termination or failure of the potential provider to execute its agreement.

In the event that County determines, in its sole discretion, that SPA 2 is at equity, the County, in its sole discretion, may reallocate those unexpended funds to contractors in the CCEP without regard to SPA placement.

C. TRANSFER OF FUNDS: County and Contractor acknowledge that a portion of contractors in the PPP Program maintain multiple service sites and/or

provide a breadth of services, including primary care, specialty care, and/or dental care. County and Contractor acknowledge that such contractors may need to transfer funds between service sites or service categories, or both, in order to maximize the ability to provide patient care. County and Contractor further acknowledge that a need to transfer funds between service sites or between service categories or both must be tempered against the Allocation Methodology Formula's goal of achieving funding equity between SPAs. Therefore, the parties agree that, if Contractor is a PPP provider with multiple service sites or a provider of a breadth of services, Contractor shall be permitted to request Director's approval to transfer funds as follows:

1. Funding Transfers Within a SPA: Once during any Fiscal Year that this Agreement is in effect, Contractor may, upon written request to and written approval from County, transfer funds between its specialty and primary care service categories within the same SPA. Contractor shall submit to Director a written request for any such transfer of funds. Within thirty (30) days business days of receipt of complete and accurate documents, Director shall notify Contractor whether the transfer of funds has been approved and, if approved, the effective date of such transfer. Such transfers will not be carried to the next fiscal year maximum obligation.

Any such transfer of funds shall be affected through an administrative amendment to the Agreement, which amendment shall require prior approval of the Chief Executive Office and County Counsel. Contractor shall not be permitted to transfer funds from a dental service category to any other service category, or to transfer funds from any other service category to a dental service category.

2. Other Funding Transfers: This Paragraph 2 shall apply to funding transfers: (a) between SPAs and within the same service category; and (b) between SPAs and between service Contractor's primary and specialty care service categories.

Contractor shall be permitted to request, in writing, a one-time only funding transfer as set forth in this subparagraph once in any Fiscal Year that this Agreement is in effect. Director may, at his/her sole discretion, and upon written request from Contractor, permit or prohibit any such transfer of funds. Director shall consider the geographic proximity of the service sites impacted by the proposed transfer, the amount of funding requested for transfer, which amount is not to exceed ten percent (10%) of an Agreement's Maximum Obligation whether Contractor's request demonstrates a compelling justification and whether that justification fits with the larger goal of the PPP Program to meet the needs of underserved patients. County shall issue a Provider Information Notice (PIN) setting forth further information on this transfer process.

To demonstrate a compelling justification for the transfer, Contractor's written request shall set forth a detailed explanation to support the need for the transfer, including an estimate of the number of visits expected to be served. Contractor's request shall be accompanied by a revised Work Plan.

Within thirty (30) business days of receipt of complete and accurate documents, Director shall notify Contractor whether the transfer of funds has been approved and, if approved, the effective date of such transfer. Director reserves the sole discretion to authorize a funding transfer that does not meet the criteria set forth herein if such transfer is in the best interest of the PPP Program, or the best interest of the PPP patients to be impacted by the proposed transfer, or both.

In the event that Director denies Contractor's request to transfer funds, Contractor shall have one opportunity to appeal the Director's decision. Contractor's appeal shall be in writing and received by Director within ten (10) business days of the date of Director's decision. If Contractor's appeal is received in a timely manner as defined herein, Director shall analyze the data and information provided by Contractor, and respond in writing to Contractor as to the final determination. Director's decision shall be final.

Any transfer of funds pursuant to this paragraph shall be effected through an administrative amendment to the Agreement, which amendment shall require prior approval of the Chief Executive Office and County Counsel.

D. FUNDING REALLOCATION OF COUNTY'S FISCAL YEAR MAXIMUM OBLIGATION FOR DENTAL CARE SERVICES UNDER THIS AGREEMENT AND OTHER PPP DENTAL CARE PROGRAM CONTRACTS: Notwithstanding any other provisions under this Agreement, Director may, at his/her sole discretion, administratively reallocate (increase or decrease) the funding for dental care services under this Agreement beginning with County Fiscal Year 2009-2010 (July 1 through June 30) up to the original County maximum obligation for such services under this Agreement for such Fiscal Year, on a one-time only basis for each FY the Agreement is in effect.

Reallocation of funds will occur after DHS' Office of Ambulatory Care (OAC) conducts a Request for Information (RFI) process. OAC shall initiate this process through the issuance of a formal RFI to the County's PPP Dental Care Program Partners if any funding remains for reallocation. In the RFI, OAC will solicit from the Contractors information as to each Contractor's ability to provide additional dental services at existing service sites and/or new service sites.

In addition to considering each Contractor's stated expansion plans and fiscal needs, OAC shall also consider the following: 1) each Contractor's Performance Level through the date specified in the RFI; 2) each Contractor's monthly accrued projections for dental care services through the date specified in the RFI; 3) DHS and PPP Dental Care Program priorities; and, 4) the Contractor's financial, programmatic, administrative compliance with its existing PPP Program Agreement.

To determine a Contractor's "Performance Level", Director shall calculate the dollar amount by which Contractor is over performing or under performing under this Agreement according to a projection formula to be set forth in a PIN prior to any reallocation pursuant to this Paragraph.

Absent extreme or extenuating circumstances, a Contractor that shows a substantial "underperformance" service level or Contractors who fail to provide their accrued projections for dental care services, in County's sole discretion, will not be considered for additional funding.

Additionally, if County determines that a Contractor has a substantial "underperformance" service level or failed to provide accrued projections for dental care services, and notwithstanding that Contractor has refrained from participating in any RFI process, County may, according to the process set forth hereunder, effect an amendment to Contractor's existing PPP Dental Care Program Agreement to decrease Contractor's maximum obligation(s) and reallocate that funding to other Contractors that have or are participating in a RFI process.

DHS and PPP Dental Care Program priorities will be based on initiatives driving DHS policy, Board of Supervisors' policies and priorities, and the County's Strategic Plan.

Finally, a Contractor's financial, programmatic, and administrative compliance will be determined by County's review of any annual monitoring reports issued under this Agreement and Contractor's corrective action plans in response thereto.

In the event that a reallocation of funding occurs prior to County conducting its annual monitoring, such that monitoring reports and corrective action plans are not available, OAC shall determine a Contractor's compliance in this area by reviewing all available quality assurance documentation on file with OAC and any documentation otherwise available to County related to Contractor's performance of its PPP Dental Care Program Agreement.

Regardless of the means by which OAC determines compliance, and absent extreme or extenuating circumstances, at the Director's discretion, a Contractor may not be considered for reallocation funding if a Contractor or its subcontractors or its dental practitioners have been the subject of one or more of the following actions: (a) disciplinary action by the State Dental Board (i.e., licensure revocation, suspension, or probation); (b) professional malpractice judgment or settlements; (c) exclusion from participation in a federally funded health care program; or (d) proposed termination or actual termination of a County contract for quality of care reasons.

Contractors, if affected by a funding increase but dissatisfied with the result of the RFI process, shall have the opportunity to appeal the Director's decision as a result of that process through the appeal procedure to be incorporated into that process. The Director's determination shall be final.

Contractor, if affected by a funding decrease, shall be given thirty (30) calendar days advance written notice of the proposed reallocation action by Director. Contractor shall

have one opportunity to appeal Director's proposed action, which shall be in writing and received by Director within ten (10) calendar days of the date of such notice. If Contractor's appeal is received in a timely manner as defined herein, Director shall analyze the data and information provided by Contractor, and respond in writing to Contractor as to the final funding decrease determined by Director under this Agreement, but only after all appeals regarding contract funding reallocations for this Agreement and other PPP Dental Care Program contracts, and all appeals in the RFI process, have been received and analyzed by Director, whose decision shall be final.

In any event, any such administrative funding reallocation: 1) shall not cause County to exceed the Board of Supervisors' approved total County maximum obligation for all PPP Dental Care Program contracts for the subject County Fiscal Year; 2) shall require that Director inform the County Board of Supervisors and Chief Executive Officer of the final reallocation amounts by Board memo prior to such reallocations being implemented; and 3) shall take the form of an administrative amendment approved by County Counsel and executed by Director and Contractor.

Any other funding increase or decrease to the County maximum obligation under this Agreement for dental care services shall be effected only by a formal amendment pursuant to the ALTERATION OF TERMS Paragraph in the body of this Agreement, and by formal amendments to the other affected PPP Dental Care Program contract(s).

5. TERMINATION OF AGREEMENT:

A. Notwithstanding any other provision in this Agreement, this Agreement shall be effective and binding upon the parties in each subsequent County July 1 - June 30 fiscal year only, or any portion thereof, in the event that funds for the

purposes hereof are appropriated for such County fiscal year by County's Board. If such funds are not so appropriated, Agreement shall be deemed to have terminated as of midnight, June 30 of the prior fiscal year.

B. Notwithstanding any other provision in this Agreement, the Director of County's Department of Health Services or his/her designee (hereafter "Director"), may suspend this Agreement immediately if Contractor, its agents, subcontractors, or employees are engaging in, or there is reasonable justification to believe that Contractor, its agents, subcontractors, or employees may be engaging in, a continuing course of conduct which poses an imminent danger to the life or health of patients or clients receiving or requesting services from it. Notification of any such suspension shall be in writing. The suspension notice shall state in detail the reason(s) for the suspension, as well as the length of the suspension [not to exceed forty-five (45) calendar days from the date the notice is received by Contractor.

In the event of any suspension pursuant hereto, Contractor shall, if it requests, be provided with a reasonable opportunity during the first ten (10) working days of the suspension period to meet with Director to discuss the reasons for the suspension. If Contractor and Director agree upon appropriate remedial action, or if it appears that the reasons for the suspension have been corrected, or the suspension is deemed inappropriate, the suspension shall be lifted. If Contractor does not request such a meeting, or if Contractor and Director are unable to agree upon appropriate remedial action, Director shall, at the end of the ten (10) working day period, either (a) recommend to County's Board immediate termination of this Agreement, or (b) recommend termination of this Agreement pursuant to the

authority set forth in this Paragraph. Until County's Board takes action on such recommendation, the suspension of the Agreement shall continue.

C. In the event of a material breach of this Agreement by either party, the other party may terminate this Agreement by giving written notice of termination specifying the material breach to the breaching party. Such termination shall be effective immediately upon delivery of written notice of termination to the breaching party. For purposes of this Agreement, a "material breach" shall be a failure, prevention, hindrance or refusal, without legal excuse, to perform any promise which forms the whole or part of this Agreement.

D. Subparagraphs B. and C. hereof notwithstanding, either party may terminate this Agreement, effective immediately upon written notice to the other party, if such other party should lose any material license, permit, or agreement required to enable such party to perform its obligations and duties under this Agreement.

E. Subparagraphs B. and C. hereof notwithstanding, either party may terminate this Agreement, effective immediately upon written notice to the other party, or at a later date as may be specified in such notice, if such other party files for bankruptcy, insolvency, reorganization, or the appointment of a receiver, trustee, or conservator for any of its assets, or makes an assignment for the benefit of its creditors, which termination shall be effective immediately upon delivery of, or on such later date as may be specified in such notice.

F. Subparagraphs B., C., D., and E. hereof notwithstanding, either party may terminate this Agreement at any time and for any reason, with or without

cause, by giving at least thirty (30) calendar days prior written notice of termination to the other party.

G. Following a determination by authorized officials of either the Federal or State government that any provision of this Agreement violates either Federal or State law, or both, or following a court determination that any provision of this Agreement violates either Federal or State law, or both, County may give Contractor prior written notice to terminate this Agreement within thirty (30) calendar days if the parties are unable, within the interim, to negotiate a revised Agreement that cures the violation(s).

6. CONTRACT ADMINISTRATION: Director or his authorized designee shall have the authority to administer this Agreement on behalf of County.

7. DESCRIPTION OF SERVICES: Contractor agrees to provide services as a Strategic Partner or a Traditional Partner, as described in Exhibit(s) and, attached hereto and incorporated herein by reference, to Eligible Patients defined in the ELIGIBILITY Paragraph, hereinbelow, and in accordance with the payment provisions and rates specified in Exhibit(s) and, attached hereto and incorporated herein by reference. Services shall be provided in a manner that is linguistically appropriate and culturally sensitive to the community to be served and shall be available during the hours and at the locations specified in Exhibit(s) ____.

Contractor shall keep clear records of the number of Eligible Patients served hereunder, including the service(s) provided. Contractor shall record such information on a regular basis and retain same in accordance with the RECORDS AND AUDITS Paragraph, subparagraph "A", Records of Services Rendered, in the ADDITIONAL PROVISIONS, so

that if requested, Contractor will be able to provide such information for the duration of Agreement and for a period of five (5) years following the termination or expiration of this Agreement. Contractor shall provide reports of such information to Director, upon request, in accordance with the REPORTS Paragraph, also set forth in the ADDITIONAL PROVISIONS to this Agreement.

8. ELIGIBILITY: No Eligible Patient shall be turned away, barred, or delayed in receiving services, based on the patient's payor status or ability to pay.

A. For purposes of this Agreement only, an Eligible Patient for whom Contractor may be reimbursed hereunder is defined as an individual (a) whose total net family income is at or below 133 1/3% of the Federal Poverty Level (FPL), and who does not have third-party payor coverage for the services, and (b) who meets County of Los Angeles residency requirements described in the NON-EMERGENCY MEDICAL AND/OR DENTAL CARE SERVICES REQUIREMENTS Paragraph of this Agreement.

By definition, Eligible Patients shall also include patients who are: 1) General Relief (GR) recipients of County; 2) as to the PPP Dental Care Services Program, patients formerly receiving benefits from the State of California's Denti-Cal Program for whom benefits from that program have ceased as a result of action by the State of California; 3) as to the PPP Dental Care Services Program, patients who, at the time of dental service, are Medi-Cal beneficiaries but who are not Denti-Cal Program beneficiaries; and 4) patients enrolled in the County's Healthy Way Los Angeles (HWLA) Program for whom eligibility under that program has ceased or terminated and who are eligible for the PPP Program pursuant to this Paragraph 8. .

Contractor shall determine whether a patient is an Eligible Patient for purposes of this Agreement by appropriate completion of a County Certification of Indigency (COI), a self-certification form approved by DHS for this program, labeled Exhibit __, attached hereto and incorporated herein by reference as it currently exist or as it may exist in the future. Contractor shall be notified a minimum of thirty (30) days in advance, of any changes/ revisions to the COI via the PIN process as set forth in Paragraph. Effective with any changes to the COI, Contractor shall be responsible for ensuring the all appropriate staff are properly advised of said change(s) and shall utilize the revised COI as posted in the Office of Ambulatory Care's web site. Each revised COI shall reflect the date of revision as appropriate.

Patients or their lawful representatives shall be required to complete a COI for the initial visit and at least every twelve (12) months thereafter, unless the patient's Los Angeles County residency, family size and/or financial circumstances change. Contractor shall inquire at each visit whether there has been any change in Los Angeles County residency, family size or financial circumstances since the last visit and document such in chart. In the event of any such change, an updated COI shall be immediately completed. All patients shall be required to complete the COI.

As to patients formerly enrolled in the HWLA Program, County shall accept eligibility documents on file for that program for purposes of PPP eligibility. Notwithstanding the foregoing, upon notice from County that a HWLA patient is no longer eligible for that program, Contractor shall obtain from that patient a completed COI upon that patient's next visit after Contractor's receipt of County's notice.

Contractor is responsible to ensure that the COI is complete and valid and to provide services only to Eligible Patients. All prior and current completed, signed, and dated COIs shall at all times be physically located in the Eligible Patient's medical or dental record as appropriate and applicable. In the event that Contractor maintains an electronic medical record, Contractor may scan the completed, signed, and dated COI into the Eligible Patient's medical or dental record, as appropriate. Contractor shall assure that the original completed, signed and dated COI is maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS. Contractor may maintain the original completed, signed and dated COI separate from the electronic medical record.

To the extent the FPL is revised by Department of Health and Human Services (DHHS), County shall notify Contractor thirty (30) days in advance of any revision to the FPL via the PIN process. Contractor shall be responsible for requiring the completion of a revised COI for each patient upon the patient's first visit subsequent to the effective date of the COI revision.

B. Patients with third-party coverage include, but are not limited to, those who have Medicare, Medi-Cal, Denti-Cal, Healthy Families, Healthy Kids, or other types of public and private health programs. Private health insurance or health maintenance organization or prepaid health plan coverage shall also be considered third-party coverage. Services or supplies billable to third-parties and reimbursable by such third-parties in whole or in part shall not be billed to County hereunder.

C. Contractor shall be required to use its best efforts to screen and refer to appropriate staff or local health programs, or both, as necessary, all patients who

may be potentially eligible for Medi-Cal, Denti-Cal, Healthy Families, Healthy Kids, Children's Health and Disability Program or other types of public and private health programs. Appropriate referral contact information shall be provided to Contractor by Director upon execution of this Agreement via the PIN process.

9. NON-EMERGENCY MEDICAL AND/OR DENTAL CARE SERVICES

REQUIREMENTS: As a prerequisite to the provision of non-emergency medical and/or dental care services as applicable under this Agreement, Contractor shall verify that each patient is eligible for services under this Agreement by using the COI attached hereto as Exhibit __. Accordingly, the COI shall be used to verify a patient's eligibility for PPP Program services based upon financial status and County of Los Angeles residency.

A. For purposes of this Agreement, to be eligible for PPP services, patients must provide proof of residency in the County of Los Angeles of the United States of America at each visit when the COI is updated (i.e., at least every twelve (12) months unless the patient's family size and financial circumstances change) in accordance with ELIGIBILITY Paragraph of this Agreement. Additionally, Contractor shall be responsible for assuring that the COI reflects the provision by the patient of proper address verification, as set forth by the means described in this Paragraph, prior to the provision of PPP services.

The following documents shall constitute acceptable proof of County of Los Angeles residency in order of preference: (a) valid California Driver's license, (b) valid Department of Motor Vehicles Identification Card, (c) government-issued identification card with patient's or legally responsible relative's picture and address (e.g., Matricula Consular), (d) school identification, (e) GR identification, (f) utility bill

dated within sixty (60) days of the date presented, (g) any mailing addressed to the patient and canceled by the U.S. Post Office dated within sixty (60) days of the date presented, or (h) rent receipt or letter from provider verifying in-kind residential address dated within sixty (60) days of the date presented.

B. Those patients who are "homeless" (i.e., those residing in Los Angeles County without an address) or those who are living in shelters, living in the home of another, or residing in rural areas without postal services, shall qualify for services under this Agreement by signing the "Affidavit of Residency" attached hereto and incorporated herein by this reference as Exhibit_. Contractor shall place a completed Affidavit of Residency in the patient's medical record, as an attachment to the COI, as proof of residency for all homeless patients.

C. PPP eligible patients who do not meet the requirements of this provision are ineligible for PPP services and shall not be billable under this Agreement.

D. Notwithstanding the foregoing, patients that meet the income requirements of the PPP Program but live outside Los Angeles County shall continue to be eligible for public health services under this Agreement in accordance with County policy. County shall provide a detailed description of this policy and the appropriate implementation of the policy under this Agreement through a PIN.

10. BILLING AND PAYMENT: Contractor shall bill County in arrears in accordance with the terms, conditions, and rates set forth in Exhibit(s) __, __, and __. Contractor shall use its own provider number in billing third-party payors.

All new billing for the Fiscal Year must be submitted to County's claims adjudicator no later than August 15th of the following Fiscal Year. All corrected or appealed billing for the Fiscal Year must be submitted to County's claims adjudicator no later than September 15th of the following Fiscal Year. Failure to adhere to these requirements shall result in the denial of all applicable claims submitted after these dates.

11. PATIENT BILLINGS: Contractor shall not bill Eligible Patients hereunder, but may accept voluntary donations from Eligible Patients or their families, provided that such donations are not linked to the receipt of services nor are a condition of receipt of service hereunder. In the event that Contractor determines that a patient seeking services is an Eligible Patient, but that the patient requires services beyond those encompassed in this Agreement, Contractor shall be permitted to charge that patient for any and all services rendered in accordance with Contractor's customary policies, procedures and practices pertaining to the provision of its services.

12. THIRD-PARTY BILLINGS: Contractor shall use its own provider number for purposes of billing third-party payors. Contractor shall not bill County for services or supplies which are reimbursable, in whole or in part, by a third-party payor, or covered, in whole or in part, by another Federal, State, or County program, grant, or contract.

13. STANDARDS OF CARE:

A. Contractor and County shall provide for supervision and monitoring of services rendered under the terms of this Agreement in accordance with recognized standards through regular review of patient medical records by Contractor's appropriately designated staff and by County staff designated by the Director.

B. Contractor shall ensure that all services provided pursuant to this Agreement are provided by staff who are employed by or under contract with Contractor, duly licensed, as applicable, to practice their professions in the State of California, in good standing with all applicable Boards of the State of California, and have not been barred from participation in any Federally funded health program. Contractor shall maintain documentation and be able to demonstrate to Director that staff providing services hereunder comply with the above requirements.

C. All ancillary and para-medical personnel who are appropriately employed by or contract with Contractor shall be properly licensed or credentialed, if necessary, to practice in the State of California and otherwise appropriately qualified and appropriately supervised to render care hereunder. Contractor shall maintain documentation and be able to demonstrate to Director that all such personnel providing services hereunder comply with the above requirements.

14. LINGUISTIC/CULTURAL COMPETENCY: Contractor shall provide a sufficient number of health care providers who are linguistically and culturally competent. For constituencies amounting to ten (10) percent or more of Contractor's patient population at a facility, such linguistically competent staff shall be available to provide translation services. Linguistically and culturally appropriate patient education materials shall also be available to Contractor's patients.

15. ACCESS TO HEALTH SERVICES: Contractor shall not design or deploy programs in such a manner as to exclude or disadvantage low-income uninsured patients or to advantage patients with third-party payors or financial means.

16. CONTRACT COMPLIANCE: As set forth in this Agreement, the County will conduct annual administrative, financial, and program monitoring visits. Documents which will be reviewed will include, but not be limited to, those documents listed in the Paragraph [insert number and title] of this Agreement and in accordance with the RECORDS AND AUDIT Paragraph of the ADDITIONAL PROVISIONS.

Upon the conclusion of any annual monitoring visit, County shall provide Contractor with a written report setting forth any and all deficiencies which Contractor shall be expected to remedy to Director's sole satisfaction as well as any timeframes in which the identified deficiencies must be corrected. Contractor shall respond to County's report through a corrective action plan no later than thirty (30) days following receipt of a site deficiencies' notice. Contractor's corrective action plan shall provide either a statement that the deficiency(ies) has/have been corrected or a statement setting forth the reason(s) the deficiency(ies) has/have not been corrected. If necessary, at Director's sole discretion, County shall respond to Contractor's written corrective action plan with a follow up monitoring visit.

Contractor's failure to respond with a corrective action plan, as described above, may result in the assessment of liquidated damages, as set forth in Exhibit(s) __, __, and __ at the sole discretion of Director.

Additionally, the following table summarizes the items being monitored and sets forth whether Contractor's failure to respond with a corrective action plan or to correct the cited deficiency to Director's satisfaction within the timeframe established by Director will trigger the assessment of liquidated damages.

Type of Monitoring/Audit	General Contract Requirement	Damages*
Administrative	Development, posting, and educating staff on policies	No
	Required policies and procedures	No
	Days and/or Hours of Operation	Yes
	Key Personnel and Personnel Requirements	No
	Professional Staff Licensure, Certifications, and Certifications	Yes
	Employee Health Clearances, Orientations, Training, and Written Notices	No
Programmatic	Staff knowledgeable on operational, and health and safety procedures	No
	Health Education Program	No
	Medical Record storage, legibility, organization, completeness of record	Yes
	Emergency Preparedness	No
	ADA requirements	No
	Safety Requirements from Title 22	Yes
	Pharmaceutical Services Requirements	Yes
	Infection Control	Yes
	Laboratory Services	Yes
	Radiology	Yes
	Patient Safety	Yes

* See LIQUIDATED DAMAGES Paragraph for details on liquidated damages.

17. **LIQUIDATED DAMAGES**: The parties to this Agreement acknowledge that, in certain circumstances, the amount of actual damage sustained by County because of Contractor's failure to comply with certain provisions of this Agreement would be impracticable or extremely difficult to fix. Accordingly, the parties agree that the Director may assess the following amounts against Contractor as liquidated damages, not as a penalty, for each of the following performance failures:

LIQUIDATED DAMAGES ASSESSMENTS

Performance Categories	Contract Requirements	Damages
Audits		
Administrative, Programmatic, and	Submit Corrective Action Plans in	Contractor will be assessed \$50.00 per day for each day the CAP is past

Performance Categories	Contract Requirements	Damages
Fiscal Monitoring	response to administrative, programmatic, or fiscal findings	due, until the Office of Ambulatory Care receives the CAP.
Staff Qualifications		
License, Certificates, DEA number	License, Certificates, DEA numbers must be available at the facility and corporate offices for each staff member.	Contractor will be assessed \$50.00 per day for the first 10 days, \$100.00 for each day thereafter until remedied, per each effected staff member or certificate that is determined non-compliant.
Physician/Non Physician Standardized Protocols	A Single primary care physician must supervise non-medical practitioners. Standardized protocols must be established and signed.	Contractor will be assessed \$50.00 per day for the first 10 days, \$100.00 for each day thereafter until the violation is remedied.
Medical Records		
Medical Records contain required documentation	Documentation of financial eligibility in medical record	County shall disallow, and therefore shall not reimburse Contractor for, any visit that is not supported by such documentation.
Compliance with storage, security, confidentiality, requirements	Documentation of medical visit in medical record	Non-Compliance with storage requirements will result in fine of \$50.00 per day for the first 10 days of non-compliance, \$100.00 for each day thereafter.
Safety		
<ul style="list-style-type: none"> • Fire protection and Safety plan • Cleanliness of facility • Exit signs • Treatment Areas 	All California Code of regulations (CCR) Title 22 safety Requirements	Each violation will be assessed at \$100.00 per each day until the violation(s) is remedied.

Performance Categories	Contract Requirements	Damages
<ul style="list-style-type: none"> Equipment maintenance and calibration 		
Pharmaceutical Services		
<ul style="list-style-type: none"> Expired Drugs Drug Storage Disbursement of pharmaceuticals Expired Medical Supplies 	Compliance with all Business and Professions Code Provisions	Each violation will be assessed at \$100.00 for each day until the violation is remedied.
Infection Control		
<ul style="list-style-type: none"> Autoclave Protective clothing/gear Biohazard Disinfectants 	Compliance with CCR Title 22, CCR Title 8, OSHA requirements for infection control, and National Association of Medical Instrumentation.	Each violation will be assessed at \$100.00 per day until the violation is remedied.
Laboratory and Radiology Services		
<ul style="list-style-type: none"> CLIA Operating Certificates Employee X-Ray Badges and Aprons 	All CCR Title 17 and CCR Title 22 pertaining to laboratory and radiology.	Each violation will be assessed at \$100.00 per day until the violation is remedied.
Other Assessments		
<ul style="list-style-type: none"> Days and/or Hours of Operation Accessing After-Hour and Emergency Services 	Exhibit(s) __, __, and __: Contractor's Obligations	Contractor will be assessed \$50.00 for the first day, and \$100.00 for the second day and every day thereafter for each day Contractor is out of compliance until the violation is remedied.

Contractor shall pay County any assessment, upon written demand and invoice by Director, or, in Director's sole discretion, Director may credit County such amount against billings for Agreement services received from Contractor.

The rights and remedies set forth in this Paragraph are in addition to any other rights and remedies afforded to County pursuant to this Agreement or by law and shall not supercede those rights and remedies, which rights and remedies shall include, but not limited to, the right to terminate this Agreement as set forth in the TERMINATION OF AGREEMENT Paragraph of this Agreement.

18. PUBLIC HEALTH SERVICES: Contractor shall cooperate with the Director of the Department of Public Health during communicable disease outbreaks, back-to-school immunization drives, traveling Sexually Transmitted Disease team efforts, or other public health emergencies.

19. POLICIES: In addition to having all written policies required by all Federal, State, and local laws, ordinances, rules regulations and directives applicable to its performance under this Agreement, Contractor must also have written policies to inform staff about internal guidelines including, but not limited to, the following policies: 1) Emergency Equipment and supplies are checked for expiration and operating status at least monthly; 2) There is a system in place to follow-up on missed and cancelled appointments; 3) Medical record release procedures are compliant with State and Federal laws, regulations, and guidelines; 4) Controlled drugs are stored in a locked space accessible only to authorized personnel; and 5) Staff adheres to procedures for spore testing of autoclave/steam sterilizer with documented results at least monthly.

20. PARTICIPATION IN DEPARTMENT'S INITIATIVES: Contractor shall participate in the Department's PPP Contractor performance measurement and tracking, PPP quality improvement activities, and the Department's larger quality improvement effort for DHS and PPP sites.

21. PROVIDER INFORMATION NOTICE (PIN): During the term of this Agreement, County shall provide Contractor with non-substantive, administrative, programmatic and fiscal guidelines and updates through the PIN process. Contractor shall be responsible for reading all PINs and assuring that they are assembled and maintained in a single file or notebook at Contractor's premises. Additionally, Contractor shall assure that all personnel affected by a PIN are notified of the information immediately upon Contractor's receipt of the PIN and that all actions or changes required to be made by a PIN are taken or made immediately, unless a different timeframe is specified in the PIN. All substantive changes to this Agreement shall be made only through a formal amendment duly executed by both parties.

22. SYSTEM FOR OUTPATIENT PRIMARY, DENTAL AND SPECIALTY CARE AND ADMISSIONS/RETURN OF PATIENT FOR PRIMARY, SPECIALTY AND/OR DENTAL CARE:

A. If Contractor staff decide that a patient requires primary care (only in the event that Contractor does not provide primary care services pursuant to the terms of this Agreement), dental care services (only in the event that Contractor does not provide dental care services pursuant to the terms of this Agreement), specialty care services (only in the event that Contractor does not provide specialty care services pursuant to the terms of this Agreement), diagnostic, or inpatient services, County's Cluster Referral Center may be contacted to direct Contractor to the most appropriate provider or the Contractor may choose to use other available resources. County Referral Center's telephone number and facsimile numbers shall be provided to Contractor as soon as practicable after the execution of the

Agreement. Contractor shall utilize County's Referral Processing System (RPS) as instructed by County upon its implementation in Contractor's Cluster. The guiding principle is that all patients, including Eligible Patients, shall be directed to the most accessible and appropriate facility to promote continuity of care.

B. Contractor shall provide each patient that is referred via the County's Referral Processing System, a list of the residency documentation that they will need to provide at their visit(s) to the County facility in accordance with the NON-EMERGENCY MEDICAL CARE SERVICES REQUIREMENTS Paragraph of this Agreement.

23. COUNTY SERVICES TO PATIENTS REFERRED BY CONTRACTOR:

Notwithstanding any right of Contractor hereunder to refer patients to County in accordance with the SYSTEM FOR OUTPATIENT, PRIMARY, DENTAL AND SPECIALTY CARE AND ADMISSIONS/RETURN OF PATIENT FOR PRIMARY, SPECIALTY AND/OR DENTAL CARE Paragraph of this Agreement, the parties understand that the actual provision of any such services is subject to the decision of County medical staff designated by Director to review such referral. If County medical staff rejects any such referral, Contractor medical personnel who have initiated the referral shall be contacted by County medical staff for agreement on an alternate disposition of the patient.

Contractor shall refer a patient for specialty care only when all treatment options have been exhausted or the patient's medical condition dictates specialty care or both.

24. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT:

The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (HIPAA). Contractor

understands and agrees that, as a provider of medical treatment services, it is a "covered entity" under HIPAA and, as such, has obligations with respect to the confidentiality, privacy, and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of staff and the establishment of proper procedures for the release of such information, including the use of appropriate consents and authorizations specified under HIPAA.

The parties acknowledge their separate and independent obligations with respect to HIPAA, and that such obligations relate to transactions and code sets, privacy, and security. Contractor understands and agrees that it is separately and independently responsible for compliance with HIPAA in all these areas and that County has not undertaken any responsibility for compliance on Contractor's behalf. Contractor has not relied, and will not in any way rely, on County for legal advice or other representations with respect to Contractor's obligations under HIPAA, but will independently seek its own counsel and take the necessary measures to comply with the law and its implementing regulations.

Contractor and County understand and agree that each is independently responsible for HIPAA compliance and agree to take all necessary and reasonable actions to comply with the requirements of the HIPAA law and implementing regulations related to transactions and code sets, privacy, and security. Each party further agrees that, should it fail to comply with its obligations under HIPAA, it shall indemnify and hold harmless the other party (including the other party's officers, employees, and agents), for damages to the other party that are attributable to such failure.

25. INDEMNIFICATION: Contractor shall indemnify, defend, and hold harmless County and its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with Contractor's acts and/or omissions arising from and/or relating to this Agreement.

**THE FOLLOWING PARAGRAPH WILL REMAIN
ONLY FOR VENICE FAMILY CLINIC**

[County shall indemnify, defend, and hold harmless Contractor and its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with County's acts and/or omissions arising from and/or relating to this Agreement.]

26. GENERAL INSURANCE REQUIREMENTS: Without limiting Contractor's indemnification of County, and in the performance of this Contract and until all of its obligations pursuant to this Contract have been met, Contractor shall provide and maintain at its own expense insurance coverage satisfying the requirements specified in this Agreement. These minimum insurance coverage terms, types and limits (the "Required Insurance") also are in addition to and separate from any other contractual obligation imposed upon Contractor pursuant to this Agreement. The County in no way warrants that the Required Insurance is sufficient to protect the Contractor for liabilities which may arise from or relate to this Agreement.

A. Evidence of Coverage and Notice to County: Certificate(s) of insurance coverage (Certificate) satisfactory to County, and a copy of an Additional

Insured endorsement confirming County and its Agents (defined below) has been given Insured status under the Contractor's General Liability policy, shall be delivered to County at the address shown below and provided prior to commencing services under this Agreement.

Renewal Certificates shall be provided to County not less than 10 days prior to Contractor's policy expiration dates. The County reserves the right to obtain complete, certified copies of any required Contractor and/or Sub-Contractor insurance policies at any time.

Certificates shall identify all Required Insurance coverage types and limits specified herein, reference this Contract by name or number, and be signed by an authorized representative of the insurer(s). The Insured party named on the Certificate shall match the name of the Contractor identified as the contracting party in this Contract. Certificates shall provide the full name of each insurer providing coverage, its NAIC (National Association of Insurance Commissioners) identification number, its financial rating, the amounts of any policy deductibles or self-insured retentions exceeding fifty thousand (\$50,000.00) dollars, and list any County required endorsement forms.

Neither the County's failure to obtain, nor the County's receipt of, or failure to object to a non-complying insurance certificate or endorsement, or any other insurance documentation or information provided by the Contractor, its insurance broker(s) and/or insurer(s), shall be construed as a waiver of any of the Required Insurance provisions. Certificates and copies of any required endorsements shall be sent to:

County of Los Angeles, Department of Health Services
Contract Administration & Monitoring
313 N. Figueroa Street, 6E, Los Angeles, CA 90012
Attention: Kathy K. Hanks, Director

Contractor also shall promptly report to County any injury or property damage accident or incident, including any injury to a Contractor employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies or securities entrusted to Contractor. Contractor also shall promptly notify County of any third party claim or suit filed against Contractor or any of its Sub-Contractors which arises from or relates to this Contract, and could result in the filing of a claim or lawsuit against Contractor and/or County.

B. Additional Insured Status and Scope of Coverage: The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees and Volunteers (collectively County and its Agents) shall be provided additional insured status under Contractor's General Liability policy with respect to liability arising out of Contractor's ongoing and completed operations performed on behalf of the County. County and its Agents additional insured status shall apply with respect to liability and defense of suits arising out of the Contractor's acts or omissions, whether such liability is attributable to the Contractor or to the County. The full policy limits and scope of protection also shall apply to the County and its Agents as an additional insured, even if they exceed the County's minimum Required Insurance specifications herein. Use of an automatic additional insured endorsement form is acceptable providing it satisfies the Required Insurance provisions herein.

C. Cancellation of Insurance: Except in the case of cancellation for non-payment of premium, Contractor's insurance policies shall provide, and Certificates shall specify, that County shall receive not less than thirty (30) days advance written notice by mail of any cancellation of the Required Insurance. Ten (10) days prior notice may be given to County in event of cancellation for non-payment of premium.

D. Failure to Maintain Insurance: Contractor's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Contract, upon which County immediately may withhold payments due to Contractor, and/or suspend or terminate this Contract. County, at its sole discretion, may obtain damages from Contractor resulting from said breach.

E. Insurer Financial Ratings: Coverage shall be placed with insurers acceptable to the County with A.M. Best ratings of not less than A:VII unless otherwise approved by County.

F. Contractor's Insurance Shall Be Primary: Contractor's insurance policies, with respect to any claims related to this Contract, shall be primary with respect to all other sources of coverage available to Contractor. Any County maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Contractor coverage.

G. Waivers of Subrogation: To the fullest extent permitted by law, the Contractor hereby waives its rights and its insurer(s) rights of recovery against County under all the Required Insurance for any loss arising from or relating to this

Contract. The Contractor shall require its insurers to execute any waiver of subrogation endorsements which may be necessary to effect such waiver.

H. Sub-Contractor Insurance Coverage Requirements: Contractor shall include all Sub-Contractors as insureds under Contractor's own policies, or shall provide County with each Sub-Contractor's separate evidence of insurance coverage. Contractor shall be responsible for verifying each Sub-Contractor complies with the Required Insurance provisions herein, and shall require that each Sub-Contractor name the County and Contractor as additional insureds on the Sub-Contractor's General Liability policy. Contractor shall obtain County's prior review and approval of any Sub-Contractor request for modification of the Required Insurance.

I. Deductibles and Self-Insured Retentions (SIRs): Contractor's policies shall not obligate the County to pay any portion of any Contractor deductible or SIR. The County retains the right to require Contractor to reduce or eliminate policy deductibles and SIRs as respects the County, or to provide a bond guaranteeing Contractor's payment of all deductibles and SIRs, including all related claims investigation, administration and defense expenses. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

J. Claims Made Coverage: If any part of the Required Insurance is written on a claims made basis, any policy retroactive date shall precede the effective date of this Contract. Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following Contract expiration, termination or cancellation.

K. Application of Excess Liability Coverage: Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as (follow form) over the underlying primary policies, to satisfy the Required Insurance provisions.

L. Separation of Insureds: All liability policies shall provide cross-liability coverage as would be afforded by the standard ISO (Insurance Services Office, Inc.) separation of insureds provision with no insured versus insured exclusions or limitations.

M. Alternative Risk Financing Programs: The County reserves the right to review, and then approve, Contractor use of self-insurance, risk retention groups, risk purchasing groups, pooling arrangements and captive insurance to satisfy the Required Insurance provisions. The County and its Agents shall be designated as an Additional Covered Party under any approved program.

N. County Review and Approval of Insurance Requirements: The County reserves the right to review and adjust the Required Insurance provisions, conditioned upon County's determination of changes in risk exposures.

27. INSURANCE COVERAGE REQUIREMENTS – PER FACILITY
CONTRACTED:

A. Commercial General Liability: Insurance (providing scope of coverage equivalent to ISO policy form CG 00 01), naming County and its Agents as an additional insured, with limits of not less than:

General Aggregate:	\$2 million
Products/Completed Operations Aggregate:	\$1 million

Personal and Advertising Injury:	\$1 million
Each Occurrence:	\$1 million

The amounts of any policy deductibles or self-insured retentions exceeding fifty thousand (\$50,000.00) dollars shall be subject to the County's prior review and approval. The policy also shall include a batch clause to provide that if more than one claim arises out of the same related, repeated or continuous production, act, error or omission, then all such injury and/or damages shall be considered to have arisen out of a single occurrence.

B. Automobile Liability: Insurance (providing scope of coverage equivalent to ISO policy form CA 00 01) with limits of not less than \$1 million for bodily injury and property damage, in combined or equivalent split limits, for each single accident. Insurance shall cover liability arising out of Contractor's use of autos pursuant to this Contract, including owned, leased, hired, and/or non-owned autos, as each may be applicable.

C. Workers Compensation and Employers' Liability: Insurance or qualified self-insurance satisfying statutory requirements, which includes Employers' Liability coverage. If Contractor will provide leased employees, or, is an employee leasing or temporary staffing firm or a professional employer organization (PEO), coverage also shall include an Alternate Employer Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer, and the endorsement form shall be modified to provide that County will receive not less than thirty (30) days advance written notice of cancellation of this coverage provision. If applicable to Contractor's operations, coverage also shall be arranged to satisfy the requirements of any federal workers

or workmen's compensation law or any federal occupational disease law. In all cases, the above insurance shall include Employers' Liability coverage with limits of not less than the following:

Each Accident:	\$1 Million
Disease - Policy Limit:	\$1 Million
Disease - Each Employee:	\$1 Million

D. Sexual Misconduct Liability: Insurance covering actual or alleged claims for sexual misconduct and/or molestation with limits of not less than \$2 million per claim and \$2 million aggregate, and claims for negligent employment, investigation, supervision, training or retention of, or failure to report to proper authorities, a person(s) who committed any act of abuse, molestation, harassment, mistreatment or maltreatment of a sexual nature.

E. Professional Liability/Errors and Omissions: Insurance covering Contractor's liability arising from or related to this Contract, with limits of not less than \$1 million per claim and \$3 million aggregate. Further, Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following this Agreement's expiration, termination or cancellation. Contractor, if a FQHC, may satisfy all or a portion of this insurance requirement by demonstrating what professional services contemplated by this Agreement are covered under the Federal Tort Claims Act (FTCA). If Contractor claims such FTCA coverage as an acceptable substitute, Contractor shall provide proof thereof, in the form of a letter from an authorized representative of the Federal government, stating

the extent of FTCA coverage for this Agreement, and reflecting clearly the categories of Contractor health practitioners covered by the FTCA.

Contractor's request shall be submitted to Director, either before commencing services under Agreement or prior to Contractor's conversion of its professional liability coverage under a commercial policy to such FTCA coverage. Contractor shall promptly respond to Director's requests for additional information required by County to evaluate Contractor's request. County's findings with respect to any such coverage shall be conveyed in writing by Director to Contractor within thirty (30) calendar days of Director's receipt of Contractor's request.

F. Property Coverage: Contractors given exclusive use of County owned or leased property shall carry property coverage at least as broad as that provided by the ISO special causes of loss (ISO policy form CP 10 30) form. The County and its Agents shall be named as an Additional Insured and Loss Payee on Contractor's insurance as its interests may appear. Automobiles and mobile equipment shall be insured for their actual cash value. Real property and all other personal property shall be insured for their full replacement value.

G. Crime Coverage: A Fidelity Bond or Crime Insurance policy with limits of not less than \$25,000.00 per occurrence. Such coverage shall protect against all loss of money, securities, or other valuable property entrusted by County to Contractor, and apply to all of Contractor's directors, officers, agents and employees who regularly handle or have responsibility for such money, securities or property. The County and its Agents shall be named as an Additional Insured and Loss Payee as its interests may appear. This insurance shall include third party fidelity

coverage, include coverage for loss due to theft, mysterious disappearance, and computer fraud/theft, and shall not contain a requirement for an arrest and/or conviction.

H. Dentist Insurance Coverage: If Contractor receives funds under this Agreement to provide dental care services, except in those cases where Contractor covers its employees or member dentists under its policies of insurance, or where Contractor is a FQHC and its employees and dentists are deemed to be covered under section 224(a) of the FTCA, Contractor shall require each of its employees or member dentists to separately maintain general liability and professional liability insurance in the same amounts and limits, and with the same endorsements, as required of Contractor by this Agreement. Evidence (certificates) of such insurance shall be maintained at Contractor's business office and made available to authorized representatives under this Agreement at all times upon request. Prior to the delivery of covered services hereunder, Contractor shall provide to Director copies of certificates of the insurance required hereunder for each employee or member dentist. If a new dentist is added by Contractor, Contractor shall provide Director with evidence (certificates) of insurance on each dentist and shall give assurance in writing to Director that such insurance is in place and fully meets all of the conditions set forth above.

I. Property Coverage (applicable for Takeover Locations only): Such insurance shall be endorsed naming the County of Los Angeles as loss payee, provide deductibles of no greater than five percent (5%) of the property value, and shall include:

J. Real Property and All Other Personal Property – Special form (all-risk) coverage for the full replacement value of County-owned or leased property.

28. INDEMNIFICATION AND INSURANCE APPLICATION TO SUBCONTRACTOR(S): Contractor shall ensure that its subcontractor(s) providing services under this Agreement meet the requirements of the INDEMNIFICATION AND INSURANCE Paragraphs hereinabove, and shall ensure that all subcontract documents hereunder include such requirements.

29. PRIVATE FACILITY SERVICE DELIVERY SITE - MAINTENANCE STANDARDS: Contractor shall assure that the facility premises where services are provided under provisions of this Agreement are operated at all times in accordance with County community standards with regard to property maintenance and repair, graffiti abatement, refuse removal, fire safety, landscaping, and in full compliance with all applicable local laws, ordinances, and regulations relating to the property. Any cost in connection with Contractor's performance of this obligation shall be borne by Contractor. County's periodic monitoring visits to Contractor's facility premises shall include a review of compliance with the provisions of this Paragraph.

30. ADDITIONAL PROVISIONS: The attachment labeled "ADDITIONAL PROVISIONS" is part of this Agreement and the terms and conditions therein contained shall apply to the parties' relationship as though fully set forth herein.

31. ALTERATION OF TERMS: The body of this Agreement, together with the ADDITIONAL PROVISIONS and attached Exhibits, fully expresses all understandings of the parties concerning all matters covered and shall constitute the total Agreement. No addition to, or alteration of, the terms of this Agreement whether by written or verbal

understanding of the parties, their officers, agents, or employees, shall be valid unless made in the form of a written amendment to this Agreement which is formally approved and executed by the parties.

32. AGREEMENT INCONSISTENCIES: To the extent any conflict exists between the language of the body of this Agreement/ ADDITIONAL PROVISIONS, and the Exhibits attached hereto, then the body of the Agreement/ADDITIONAL PROVISIONS, and the Exhibits, including their attachments, in the order of their alphabetical sequence shall govern and prevail in that order.

33. CONSTRUCTION: To the extent there are any rights, duties, obligations, or responsibilities enumerated in the recitals or otherwise in this Agreement, they shall be deemed a part of the operative provisions of this Agreement and are fully binding on the parties.

34. CONTRACTOR'S OFFICES: Contractor's primary business office is located at: _____. Contractor's business telephone number is _____ and facsimile/FAX number is _____.

Contractor shall notify in writing County's OAC of any change in its Executive staff, primary business or billing address, business telephone number, and/or facsimile/FAX number used in the provisions of services herein, at least ten (10) calendar days prior to the effective date thereof.

If during the term of this Agreement, the corporate or other legal status of Contractor changes, or the name of Contractor changes, then Contractor shall notify County's OAC in writing detailing such changes at least thirty (30) calendar days prior to the effective date thereof. For changes in Contractor's corporate or other legal status, the consent of County

thereto may be required in accordance with the PROHIBITION AGAINST ASSIGNMENT AND DELEGATION Paragraph in the ADDITIONAL PROVISIONS, attached hereto, as a condition to this Agreement continuing.

35. NOTICES: Any and all notices required, permitted, or desired to be given hereunder by one party to the other shall be in writing and shall be delivered to the other party personally or by U.S. mail (e.g., U.S. Priority, U.S. Express, certified or registered, return receipt requested) and, as necessary, by facsimile transmission and addressed as follows:

A. Notices to County shall be addressed as follows:

Department of Health Services
Office of Ambulatory Care
5555 Ferguson Drive, Suite 210-01
Los Angeles, California 90022
Attn: Director

B. Notices to Contractor shall be addressed as follows:

Attn: Director

If personally delivered, such notice shall be deemed given upon delivery. If mailed or transmitted by facsimile in accordance with this Paragraph, such notice shall be deemed given as of the date indicated on the facsimile transmission validation or U.S. mail receipt, whichever applies based on mode of transmission used. Either party may change its address for notice purposes by giving prior written notice of such change to the other party in accordance with this Paragraph.

Notwithstanding the foregoing, County may elect to provide notice to Contractor using electronic mail. If County elects to provide notice by such means, such notice shall be deemed given as of the date indicated on the electronic mail message. Contractor's electronic email address shall be: (enter specific agency information here).

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Agreement to be subscribed by its Director of Health Services, and Contractor has caused this Agreement to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
John F. Shunhoff, Ph.D
Interim Director

Contractor

By _____
Signature

Printed Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

**PUBLIC-PRIVATE PARTNERSHIP PROGRAM
HEALTH CARE SERVICES**

ADDITIONAL PROVISIONS

**PUBLIC-PRIVATE PARTNERSHIP PROGRAM
HEALTH CARE SERVICES
ADDITIONAL PROVISIONS**

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**PUBLIC-PRIVATE PARTNERSHIP PROGRAM
HEALTH CARE SERVICES
ADDITIONAL PROVISIONS**

1. LICENSES, PERMITS, REGISTRATIONS, AND CERTIFICATES:

Contractor shall obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, and certificates required by law which are applicable to its performance of this Agreement, and shall ensure that all its officers, employees, volunteers, and agents who perform services hereunder obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, and certificates required by law which are applicable to their performance hereunder. Contractor is to notify Director immediately by phone/in writing of any license/certification suspension/revocation of facility or personnel.

The licenses, permits, registrations and certificates required by law which are applicable to this Agreement may include, and may not be limited to, the following: (a) free or community clinic license; (b) a current fictitious business name permit from the California Medical Board for every service site from which Contractor is performing services under this Agreement; (c) a business permit or license from the jurisdiction in which Contractor's service site(s) is or are located; and (d) current, unrestricted valid licenses from the California Medical Board and/of the California Board of Osteopathy and/or any other State licensing agency.

2. FAIR LABOR STANDARDS ACT: Contractor shall comply with all applicable provisions of the Federal Fair Labor Standards Act, and shall indemnify, defend, and hold harmless County, its agents, officers, and employees from any and all liability including, but not limited to, wages, overtime pay, liquidated damages, penalties,

court costs, and attorneys= fees arising under any wage and hour law including, but not limited to, the Federal Fair Labor Standards Act for services performed by Contractor's employees for which County may be found jointly or solely liable.

3. EMPLOYMENT ELIGIBILITY VERIFICATION: Contractor warrants that it fully complies with all Federal statutes and regulations regarding employment of aliens and others, and that all its employees performing services hereunder meet the citizenship or alien status requirements contained in Federal statutes and regulations. Contractor shall obtain, from all covered employees performing services hereunder, all verification and other documentation of employment eligibility status required by Federal statutes and regulations, as they currently exist and as they may be hereafter amended. Contractor shall retain such documentation for all covered employees for the period prescribed by law. Contractor shall indemnify, defend, and hold harmless County, its officers, agents, and employees from employer sanctions and any other liability which may be assessed against Contractor or County in connection with any alleged violation of Federal statutes or regulations pertaining to the eligibility for employment of persons performing services under this Agreement.

4. COMPLIANCE WITH APPLICABLE LAW: Contractor shall comply with all Federal, State, and local laws, ordinances, regulations, rules, and directives applicable to its performance hereunder. Further, all provisions required thereby to be included in this Agreement are hereby incorporated herein by reference.

5. GOVERNING LAWS, JURISDICTION, AND VENUE: This Agreement shall be governed by, and construed in accordance with, the laws of the State of California. Contractor agrees and consents to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Agreement and further agrees and

consents that venue of any action brought hereunder shall be exclusively in Los Angeles County.

6. PERSONNEL: Contractor shall adhere to applicable personnel standards of California Code of Regulations (CCR) Title 22. Additionally, Contractor shall meet the following requirements:

A. Qualifications: Personnel providing services hereunder, whether volunteer, contract, or employed (all hereafter referred to as "Contractor Staff"), shall be qualified for their responsibilities through appropriate education and training, and shall wear identification badges specifying name and occupation (e.g., M.D., R.N., etc.).

B. Licensure and Continuing Education: All Contractor Staff, including mid-level practitioners and nurse practitioners, providing services hereunder shall hold at all times a current, valid unrestricted license, registration, or certification issued by the appropriate State licensing agency. Copies of current licenses, registrations, and certifications shall be maintained in Contractor personnel files, and made available for review upon request by Director.

Contractor shall have in place a system to ensure that all Contractor Staff licenses are current and unrestricted and staff are under no Federal or State sanctions. Contractor shall have in place a mechanism to ensure that Contractor Staff provide patient services consistent and commensurate with their specialty, training, education, and experience and shall provide evidence of such upon request by Director.

Contractor shall also ensure that Contractor Staff regularly participate in appropriate continuing educational programs or activities to maintain their

licenses, registrations, and certifications. Evidence of participation in such programs shall also be maintained in personnel files, and made available for review upon request by Director.

Contractor Employees shall be eligible to participate in County's continuing medical education programs for its own employees.

C. Provider Roster: Prior to the commencement date of this Agreement, Contractor shall provide to Director a full listing of all of its then current medical staff (including voluntary, part-time, full-time staff, physicians-house staff, osteopaths, pharmacists, mid-level practitioners, i.e., nurse practitioners, nurse midwives and physician assistants). As applicable, data elements shall include, but are not limited to: name, social security number; office address/telephone number; gender; date of birth; language(s) spoken; current licenses/certificates (e.g., California Physician's and Surgeons License Number/Expiration Date, DEA License Number/Expiration Date, Cardio-Pulmonary Resuscitation/Advanced Cardiac Life Support Certificate/Expiration Date and Educational Commission for Foreign Medical Graduates (ECFMG) Number); professional education and training; Hospital, Health Maintenance Organization (HMO), Independent Physician Association (IPA), or other current practice affiliations; continuing education information; specialty(ies), board status (board-eligible or board-certified); current or past history of professional licensure actions, Medi-Cal/Medicare sanctions, Business and Professions Code section 805 report filings, disciplinary actions taken by State Medical Boards (i.e., licensure revocation, suspension, or probation) within last six (6) years, loss of clinical privileges with explanation section, medical malpractice claims history;

whether provider is a County employee or otherwise is providing services to County as a volunteer or under a separate contract with the County; and any other information deemed necessary by the Director for the site certification/credentials verification process. Contractor shall provide Director with an updated provider roster, with a completed information sheet for each new provider (both voluntary and employed, physician and mid-level practitioner) and the deleted providers clearly indicated at least thirty (30) calendar days prior to any addition or deletion of a provider delivering services under this Agreement or as soon as Contractor becomes aware of the staffing change. Contractor shall promptly remove any primary care physician or non-physician medical provider scheduled to provide or providing services hereunder upon the written request of Director who shall state the reasons for this action in his/her request.

D. Supervision: All Contractor Staff shall be deployed into a staffing configuration that allows for the supervision required by CCR Title 22.

E. Physical Examination: PPP Program Contractors must abide by the Health and Safety Code Section 1226.1, Health examination requirements and public health protections. In addition PPP PROGRAM Contractors shall maintain a health record for each employee that includes reports of all employment-related health examinations in accordance with the Center for Disease Control and Prevention Personnel health Guidelines 294.

7. RULES AND REGULATIONS: Contractor shall provide to Director a copy of its rules and regulations, regarding the conduct of its officers, agents, employees, volunteers, contract staff, or affiliated personnel at County's Facility or Contractor's facility, as applicable. At a minimum, such policies and procedures shall prohibit

intoxication while at County's Facility or Contractor's facility, as applicable, behavior unbecoming to a health care provider, and behavior which may endanger the health and safety of patients or others at County's Facility or Contractor's facility, as applicable. Contractor shall take appropriate action in accordance with its employee policies and progressive disciplinary action guidelines when any of its agents, officers, employees, volunteers, contract personnel, or affiliated personnel providing services at County's Facility or Contractor's facility, as applicable, has violated one or more such rules or regulations, or when such individual's behavior may adversely affect the delivery of health care services at County's Facility or Contractor's facility, as applicable.

8. QUALITY MONITORING: Contractor shall cooperate in active and effective quality improvement functions, to assure that necessary and appropriate services are provided in a timely manner to Eligible Patients seeking services at County's Facility (Takeover or Co-Location only) or Contractor's facility, as applicable and that such services are reflected in the patient's record with appropriate and complete explanations.

Contractor shall adopt and post in a conspicuous place a written policy on patients' rights and organizational ethics. Complaints by eligible individuals with regard to substandard conditions may be investigated by the State Department of Health Services (SDHS) Licensing and Certification Division, or such other County or State agency, as required or permitted by statute or regulation.

Contractor shall post a copy of agency's complaint/grievance procedure and DHS' complaint line telephone number or DHS' Health Information 800# in a conspicuous place in all patient waiting areas.

A. Quality Improvement Activities: As part of the overall Quality Performance Improvement activities of DHS, the Contractor shall cooperate and participate in County's DHS system-wide Quality Performance Improvement activities. Contractor shall cooperate with Director in active and effective quality improvement functions to monitor quality of care provided to County patients to ensure that services are: accessible, necessary and appropriate, focused on continuity of care, effective, efficient, patient-focused, provided in a safe care environment, provided in a timely manner, and accurately and completely recorded in the medical record.

Contractor shall monitor and evaluate the quality of patient care provided at County's Facility or Contractor's facility, as applicable, on an ongoing basis in accordance with a written Quality of Care Plan. Contractor shall make available for review by Director any monitoring reports issued as a result of State or Federal review for compliance.

Contractor shall conduct peer review activities for professional staff (including review of mid-level practitioners), maintain written documentation thereof, and review practice patterns. Contractor shall document any performance problems identified, institute appropriate corrective action, and follow the notification process to be delineated in the Provider Information Notices.

B. Facility Site Reviews: If Contractor currently participates as a provider in Medi-Cal managed care programs, Contractor shall provide Director with the most recent copy of its initial site certification review or Contractor facility site review (including a quality improvement component and any corrective action

documentation), whichever has occurred within the twelve (12) calendar months prior to Director's request and which has been performed for Contractor's participation in Medi-Cal managed care programs. If Contractor is not currently participating in, or contemplating participation in, Medi-Cal managed care programs but has already been licensed by the SDHS as a free clinic or a community clinic, Director may accept the satisfactory completion of the State inspection for such licensure in lieu of the site certification process requirements.

If Contractor does not have any contracts with Medi-Cal managed care programs, and has consequently not had such a review performed at Contractor's facility site Contractor shall allow, at all reasonable times upon Director's request, Director's designated staff or designated personnel representing County under contract to perform such site reviews of Contractor's operation under this Agreement.

Contractor shall take corrective action on any deficiencies identified through any such site review performed either by Director staff or by a qualified review agency representing County under contract. If services have not commenced under this Agreement, such corrective action shall be accomplished before services commence. For services currently being provided under this Agreement, such corrective action shall be completed within sixty (60) calendar days of Contractor's receipt of a site deficiencies notice, except that if the deficiencies compromise the quality of patient care delivered under this Agreement, Director may immediately suspend or recommend termination of this Agreement pursuant to the TERMINATION OF AGREEMENT Paragraph in the body of this Agreement.

Contractor, if a Federally Qualified Health Center (FQHC), shall make available for review by Director any monitoring reports issued as a result of State or Federal review for compliance with FQHC regulations and standards.

9. COUNTY'S QUALITY IMPROVEMENT PLAN: County or its agent will evaluate Contractor's performance under this Agreement on not less than an annual basis. Such evaluation will include assessing Contractor's compliance with all contract terms and performance standards. Contractor deficiencies which County determines are severe or continuing and that may place performance of this Agreement in jeopardy if not corrected will be reported to the Board of Supervisors. The report will include improvement/corrective action measures taken by County and Contractor. If improvement does not occur consistent with the corrective measures, County may terminate this Agreement or impose other penalties as specified in this Agreement.

10. BIO-HAZARDOUS WASTE: Contractor shall handle and dispose its infectious and bio-hazardous waste in accordance with all applicable laws and regulations.

11. PUBLIC HEALTH REPORTING REQUIREMENTS: Contractor shall comply with all reporting requirements set forth in the California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 1, Article 1.

12. PUBLIC ANNOUNCEMENTS AND LITERATURE: In public announcements and literature distributed by Contractor for the purpose of advising patients and the general public of its health services, such message shall indicate that the health services which it provides under this Agreement are partially funded by the County of Los Angeles.

13. PARTIES' RELATIONSHIP:

A. This Agreement is not intended, and shall not be construed, to create the relationship of principal-agent, master-servant, employer-employee, business partnership, joint venture, or association, as between County and Contractor. The employees and agents of one party shall not be, or be construed to be, the employees or agents of the other party for any purpose whatsoever.

B. Contractor shall be solely liable and responsible for providing to, or on behalf of, its employees all legally required employee compensation and benefits. County shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, or other compensation or benefits, to any personnel provided by Contractor.

C. County shall be solely liable and responsible for providing to, or on behalf of, its employees all legally required employee compensation and benefits. Contractor shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, or other compensation or benefits, to any personnel provided by County.

D. Contractor understands and agrees that all of its staff and employees furnishing services to County pursuant to this Agreement are, for purposes of workers' compensation liability, the sole employees of Contractor and not employees of County. Contractor shall bear the sole liability and responsibility for any and all workers' compensation benefits to any of its staff and employees as a result of injuries arising from or connected with services performed by or on behalf of Contractor pursuant to this Agreement.

E. A written acknowledgment that each of Contractor's staff and employees understands that such person is an employee of Contractor and not an employee of County shall be signed by each employee of Contractor performing services under this Agreement and shall be filed by Contractor with County's Department of Human Resources, Health, Safety, and Disability Benefits Division, 3333 Wilshire Boulevard, 10th Floor, Los Angeles, California 90010. The form and content of such acknowledgment shall be substantially similar to the EMPLOYEE'S ACKNOWLEDGMENT OF EMPLOYER, and incorporated herein by reference.

14. SUBCONTRACTING (PRIMARY AND/OR SPECIALTY CARE SERVICES ONLY):

A. For purposes of this Agreement, subcontracts shall be approved by Director or his/her authorized designee(s). Contractor's request to Director for approval of a subcontract shall include:

(1) Identification of the proposed subcontractor and an explanation of why and how the proposed subcontractor was selected, including a description of Contractor's efforts to obtain competitive bids.

(2) A description of the services to be provided under the subcontract.

(3) The proposed subcontract amount, together with Contractor's cost or price analysis thereof. In the event that the subcontracted services are to be provided to Contractor on either a gratuitous or pro bono or volunteer basis, Contractor shall state as such.

(4) A copy of the proposed subcontract. Any later modification of such subcontract shall take the form of a formally written subcontract amendment, which must be approved in writing by Director before such amendment is effective.

B. Subcontracts issued pursuant to this Paragraph shall be in writing and shall contain at least the intent of all of the Paragraphs of the body of the Agreement, including the ADDITIONAL PROVISIONS, and the requirements of the exhibit(s), including their attachments.

C. At least thirty (30) calendar days prior to the subcontract's proposed effective date, Contractor shall submit for review and approval to Director a copy of the proposed subcontract instrument. With Director's written approval of the subcontract instrument, the subcontract may proceed.

D. Subcontracts shall be made in the name of Contractor and shall not bind County. The making of subcontracts hereunder shall not relieve Contractor of any requirement under this Agreement, including, but not limited to, the duty to properly supervise and coordinate the work of subcontractors. Approval of the provisions of any subcontract by County shall not be construed to constitute a determination of the allowability of any cost under this Agreement. In no event shall approval of any subcontract by County be construed as affecting any increase to the amount contained in the MAXIMUM OBLIGATION Paragraph.

E. Failure by Contractor to comply with this Paragraph 14 shall constitute a material breach of contract upon which County may immediately terminate or suspend this Agreement. County, at its sole option, may obtain damages from Contractor resulting from said breach.

15. ASSIGNMENT BY CONTRACTOR:

A. The Contractor shall not assign its rights or delegate its duties under this Contract, or both, whether in whole or in part, without the prior written consent of County, in its discretion, and any attempted assignment or delegation without such consent shall be null and void. For purposes of this paragraph, County consent shall require a written amendment to the Contract, which is formally approved and executed by the parties. Any payments by the County to any approved delegatee or assignee on any claim under this Contract shall be deductible, at County's sole discretion, against the claims, which the Contractor may have against the County.

B. Shareholders, partners, members, or other equity holders of Contractor may transfer, sell, exchange, assign, or divest themselves of any interest they may have therein. However, in the event any such sale, transfer, exchange, assignment, or divestment is effected in such a way as to give majority control of Contractor to any person(s), corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of the Contract, such disposition is an assignment requiring the prior written consent of County in accordance with applicable provisions of this Contract.

C. If any assumption, assignment, delegation, or takeover of any of the Contractor's duties, responsibilities, obligations, or performance of same by any entity other than the Contractor, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without County's express prior written approval, shall be a material breach of the Contract which may result in the

termination of this Contract. In the event of such termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.

16. NONDISCRIMINATION IN SERVICES: Contractor shall not discriminate in the provision of services hereunder because of race, color, religion, national origin, ancestry, sex, age, or condition of physical or mental handicap, marital status, or political affiliation, and shall act in accordance with all non-discrimination requirements of Federal and State law. For the purpose of this Paragraph, discrimination in the provision of services may include, but is not limited to, the following: denying any person any service or benefit or the availability of a facility; providing any service, or benefit to any person which is not equivalent, or is not provided in an equivalent manner at a non-equivalent time, from that provided to others; subjecting any person to segregation or separate treatment in any matter related to the receipt of any service; restricting any person in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and treating any person differently from others in determining admission, enrollment quota, eligibility, membership, or any other requirements or conditions which persons must meet in order to be provided any service or benefit. Contractor shall ensure that recipients of services under this Agreement are provided services without regard to race, color, religion, national origin, ancestry, sex, age, or condition of physical or mental handicap, marital status, or political affiliation.

17. NONDISCRIMINATION IN EMPLOYMENT:

A. Contractor certifies and agrees that all persons employed by it, its affiliates, subsidiaries, or holding companies, are and will be treated equally by it

without regard to or because of race, color, religion, national origin, ancestry, sex, age, or condition of physical disability (including HIV and AIDS) or mental disability, marital status, medical condition (cancer), denial of family care leave, or political affiliation, and in compliance with all applicable Federal and State anti-discrimination laws and regulations.

B. Contractor shall take affirmative action to ensure that qualified applicants are employed. Contractor shall not discriminate against or harass, nor shall it permit harassment of, its employees during employment based upon race, color, religion, national origin, ancestry, sex, age, or condition of physical disability (including HIV and AIDS) or mental disability, marital status, medical condition (cancer), denial of family care leave, or political affiliation in compliance with all applicable Federal and State anti-discrimination laws and regulations. Such action shall include, but is not limited to, the following: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Contractor shall insure that the evaluation and treatment of its employees and applicants for employment are free from such discrimination and harassment, and will comply with the provisions of the Fair Employment and Housing Act (Government Code section 12990 et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, section 7285.0 et seq.).

C. Contractor shall deal with its subcontractors, bidders, or vendors without regard to or because of race, color, religion, national origin, ancestry, sex, age, or condition of physical disability (including HIV and AIDS) or mental

disability, marital status, medical condition (cancer), denial of family care leave, or political affiliation. Further, Contractor shall give written notice of its obligations under this Paragraph to labor organizations with which it has a collective bargaining or other agreement.

D. Contractor shall allow County representatives access to relevant portions of its employment records of employees providing services at County's Facility or Contractor's facility, as applicable, during regular business hours to verify compliance with the provision of this Paragraph when so requested by Director.

E. If County finds that any of the above provisions have been violated, the same shall constitute a material breach of this Agreement upon which County may determine to cancel, terminate, or suspend this Agreement. While County reserves the right to determine independently that the anti-discrimination provisions of this Agreement have been violated, in addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that Contractor has violated Federal or State anti-discrimination laws or regulations shall constitute a finding by County that Contractor has violated the anti-discrimination provisions of this Agreement.

F. The parties agree that in the event that Contractor violates the anti-discrimination provisions of this Agreement, County shall, at its option, be entitled to a sum of Five Hundred Dollars (\$500) pursuant to California Civil Code Section 1672 as liquidated damages in lieu of canceling, terminating, or suspending this Agreement.

18. UNLAWFUL SOLICITATION: Contractor shall inform all of its employees providing services hereunder of the provisions of Article 9 of Chapter 4 of Division 3, commencing with section 6150, of the Business and Professions Code of the State of California (i.e., State Bar Act provisions regarding unlawful solicitation as a runner or capper for attorneys) and shall take positive and affirmative steps in its performance hereunder to ensure that there is no violation of said provisions by its officers, employees, agents, or volunteers. Contractor shall utilize the attorney referral service of all those bar associations within Los Angeles County that have such a service.

19. CONFLICT OF INTEREST: No County employee whose position with County enables such employee to influence the award of this Agreement or any competing agreement, and no spouse or economic dependent of such employee, shall be employed in any capacity by Contractor or have any other direct or indirect financial interest in this Agreement. No officer or employee of Contractor, who may financially benefit from the performance of work hereunder, shall in any way participate in County's approval, or ongoing evaluation, of such work, or in any way attempt to unlawfully influence County's approval or ongoing evaluation of such work.

Contractor shall comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter to be enacted during the term of this Agreement. Contractor warrants that it is not now aware of any facts which create a conflict of interest. If Contractor hereafter becomes aware of any facts which might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to County. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances.

20. CONFIDENTIALITY: Contractor shall maintain the confidentiality of all records and information in accordance with all applicable Federal, State and local laws, rules, regulations, ordinances, directives, guidelines, policies and procedures relating to confidentiality, including, without limitation, County policies concerning information technology security and the protection of confidential records and information.

Contractor shall indemnify, defend, and hold harmless County, its Special Districts, elected and appointed officers, employees, and agents, from and against any and all claims, demands, damages, liabilities, losses, costs and expenses, administrative penalties and fines assessed, including, without limitation, defense costs and legal, accounting and other expert, consulting, or professional fees, arising from, connected with, or related to any failure by Contractor, its officers, employees, agents, or subcontractors, to comply with this Paragraph 20, as determined by County in its sole judgment. Any legal defense pursuant to Contractors indemnification obligations under this Paragraph 20 shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County in its sole judgment, County shall be entitled to retain its own counsel, including, without limitation, County Counsel, and reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction, or make any admission, in each case, on behalf of County without County's prior written approval.

Contractor shall inform all of its officers, employees, agents and subcontractors providing services hereunder of the confidentiality and indemnification provisions of this Agreement.

Contractor shall provide to County an executed Contractor Employee Acknowledgement and Confidentiality Agreement, Attachment I, and adhere to the provisions of the Contractor Acknowledgement and Confidentiality Agreement, Attachment II.

Contractor shall provide to County an executed Contractor Non-Employee Acknowledgment and Confidentiality Agreement, Attachment II, of each of its non-employees performing work under this Agreement in accordance with the Independent Contractor Status Paragraph.

With respect to any identifiable records or information concerning any patient that is obtained by Contractor or any other records and information, Contractor shall: 1) not use any such records or information for any purpose whatsoever other than carrying out the express terms of this Agreement; 2) promptly advise County of all requests for disclosure of any such records or information and, OAC will release a PIN with an easy to use check-off form for Contractors to fill out and submit; 3) not disclose, except as otherwise specifically permitted by this Agreement, any such records or information to any person or organization other than County without County's prior written authorization that the records are, or information is, releasable; and 4) at the expiration or termination of this Agreement, return all such records and information to County or maintain such records and information according to written procedures sent Contractor by County for this purpose.

21. RECORDS AND AUDITS:

A. Records of Services Rendered: Contractor shall maintain complete and accurate patient records including but not limited to: name, sex, birth date, and address; and medical records on all care provided at County's Facility or Contractor's facility, as applicable, all in accordance with Titles 17 and 22, California Code of Regulations standards for clinic operations, or Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards applicable to records for physicians or hospital services, as appropriate. Contractor shall retain such records for the period required by law but in any event no less than five (5) years following the expiration or prior termination of the Agreement.

Contractor shall maintain accurate and complete financial (including billing and eligibility) records of its operations as they relate to its services under this Agreement in accordance with generally accepted accounting principles. Contractor shall also maintain accurate and complete employment and other records of all services provided hereunder. Contractor's record retention policy for all such records shall comply with State and Federal regulations. All such records shall be retained by Contractor for a minimum period of five (5) years following the expiration or prior termination of this Agreement.

During such five (5) year period, as applicable, as well as during the term of this Agreement, all records or true and correct copies thereof pertaining to this Agreement, including but not limited to those described above, and all additional documents which bear any reasonable relationship whatsoever to this

Agreement, shall be retained by Contractor at a location in Los Angeles County. Such records shall be immediately available upon request by County.

B. Audit Reports: In the event that an audit of any or all aspects of this Agreement is conducted of Contractor by any Federal or State auditor, or any auditor or accountant employed by Contractor or otherwise, Contractor shall file a copy of each such annual audit with County's Department of Auditor-Controller and Department of Health Services, Centralized Contract Monitoring Division, within thirty (30) calendar days of Contractor's receipt thereof, unless otherwise provided under this Agreement or under applicable Federal or State law. County shall make a reasonable effort to maintain the confidentiality of such audit report(s).

C. Independent Audit: Contractor's financial records shall be audited by an independent auditor for every year that this Agreement is in effect.

The audit shall satisfy the requirements of the Federal Office of Management and Budget (OMB) Circular Number A-133. The audit shall be made by an independent auditor in accordance with Governmental Financial Auditing Standards developed by the Comptroller General of the United States, and any other applicable Federal, State, or County statutes, policies, or guidelines. Contractor shall file such audit report(s) with the County's Department of Auditor-Controller and DHS' Centralized Contract Monitoring Division, no later than ninety (90) calendar days from the completion of the audit.

The independent auditor's work papers shall be retained from a minimum of three (3) years from the date of the report, unless the auditor is notified in writing by County to extend the retention period. Audit work papers shall be

made available for review by Federal, State, or County representatives upon request.

D. Audit/Compliance Review: In addition to the audit provisions of this Paragraph, County staff designated by Director, or Federal or State representatives, may conduct an audit/compliance review of all claims paid by County during a specified time period including claims and/or services provided by the subcontractor on behalf of the contractor. If the audit is conducted by County staff, any sampling shall be determined in accordance with generally accepted auditing standards, and an exit conference shall be held following the performance of such audit/compliance review at which time the results shall be discussed with Contractor. Contractor shall be provided with a copy of any written evaluation reports prepared by County staff.

If the claims review is conducted by County staff, Contractor shall have the opportunity to review County's findings for Contractor, and Contractor shall have thirty (30) calendar days after receipt of County's audit/ compliance review results to provide documentation to County representatives to resolve the audit exceptions. If, at the end of the thirty (30) calendar day period, audit exceptions remain which have not been resolved to the satisfaction of County's representatives, then the exception rate found in the audit or sample may be applied to the total County payment made to Contractor for all claims paid during the audit/compliance review period to determine Contractor's liability to County.

E. County Audit Settlements: At any time during the term of this Agreement or at any time after the expiration or earlier termination of this

Agreement, authorized representatives of County may conduct an audit of Contractor regarding the services provided to County hereunder.

If Director determines at any time that Contractor has been overpaid, following Director's written notice, the amount of the overpayment shall be paid immediately by Contractor to County or recouped in the next payment cycle.

If Director determines that Contractor has been underpaid, the amount of the underpayment shall be paid within a reasonable time to Contractor.

However, County shall not pay to Contractor an amount in excess of County's maximum obligation under this Agreement, except as may be expressly specified elsewhere in Agreement.

Failure of Contractor to comply with any one or more of the provisions of this Paragraph shall constitute a material breach of contract upon which County may terminate or suspend this Agreement.

22. REPORTS: Contractor shall make reports as required by Director concerning Contractor's activities and operations as they relate to the services hereunder. In no event, however, may County require such reports unless Director has provided Contractor with at least thirty (30) calendar days prior written notification thereof, unless the report is of a critical nature requiring a reduced notification period, at the Director's discretion. The specific information required and the report format shall be determined by Director, and may be revised from time-to-time.

23. SEVERABILITY: If any provision of this Agreement or the application thereof to any person or circumstances is held invalid, the remainder of this Agreement and the application of such provision to other persons or circumstances shall not be affected thereby.

24. WAIVER OF TERMS AND CONDITIONS: A waiver of any of the terms and conditions hereof shall not be construed as a waiver of any of the other terms and conditions of Agreement.

25. COUNTY LOBBYISTS: Contractor and each lobbyist or lobbying firm (as defined in Los Angeles County Code section 2.160.010) retained by Contractor, shall fully comply with the County Lobbyist Ordinance, Los Angeles County Code Chapter 2.160. Failure on the part of Contractor or any County lobbyist or County lobbying firm retained by Contractor to fully comply with the County Lobbyist Ordinance shall constitute a material breach of this Agreement upon which County may immediately terminate or suspend this Agreement.

26. RESTRICTIONS ON LOBBYING: Contractor shall comply with all certification and disclosure requirements prescribed by section 319, Public Law 101-121 (Title 31, United States Code, section 1352) and any implementing regulations, and shall ensure that each of its subcontractors receiving funds provided under this Agreement also fully complies with all such certification and disclosure requirements.

27. NONEXCLUSIVITY: Contractor acknowledges that it is not the exclusive provider to County of primary or specialty care services, as applicable, that County has, or intends to enter into, contracts with other providers of such primary or specialty care services, as applicable, and that County reserves the right to itself perform the services with its own County personnel. During the term of this Agreement, Contractor agrees to provide County with the primary or specialty care services described in the Agreement.

28. SOLICITATION OF BIDS OR PROPOSALS: Contractor acknowledges that County, prior to expiration or earlier termination of this Agreement, may exercise its right to invite bids or request proposals for the continued provision of the services

delivered or contemplated under this Agreement. County and its DHS, shall make the determination to solicit bids or request proposals in accordance with applicable County and DHS policies.

Contractor acknowledges that County may enter into a contract for the future provision of services, based upon the bids or proposals received, with a provider or providers other than Contractor. Further, Contractor acknowledges that it obtains no greater right to be selected through any future invitation for bids or request for proposals by virtue of its present status as Contractor.

29. SUPERVISION OF NON-COUNTY EMPLOYEES: Although Director is responsible for the overall administration and oversight of the services provided under this Agreement, Contractor remains directly responsible for the supervision of Contractor's staff and employees providing services under this Agreement, whether at a County Facility or at a Contractor facility.

30. RISK MANAGEMENT PROGRAM ORIENTATION: Contractor shall provide Director with a copy of its risk management or loss prevention plan or both. If Contractor does not have a risk management or loss prevention plan, Director will assist Contractor in developing such a plan. Contractor shall also implement a dual notification requirement to ensure that both Contractor's Risk Manager and County are promptly notified of any potential risk exposure arising from the acts or omissions of Contractor's employees hereunder.

In addition, Director shall provide Contractor with appropriate information regarding the DHS' Risk Management Program for distribution to Contractor's employees and agents.

31. TERMINATION FOR IMPROPER CONSIDERATION: County may, by written notice to Contractor, immediately terminate the right of Contractor to proceed under this Agreement if it is found that consideration, in any form, was offered or given by Contractor, either directly or through an intermediary, to any County officer, employee, or agent with the intent of securing the Agreement or securing favorable treatment with respect to the award, amendment, or extension of the Agreement, or the making of any determinations with respect to Contractor's performance pursuant to the Agreement. In the event of such termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.

Contractor shall immediately report any attempt by a County officer or employee to solicit such improper consideration. The report shall be made either to the County manager charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at (213) 974-0914 or (800) 544-6861.

Among other items, such improper consideration may take the form of cash, discounts, service, the provision of travel or entertainment, or tangible gifts.

32. COUNTY EMPLOYEES: To the degree permitted by Contractor's agreements with its Collective Bargaining Units, should Contractor require additional or replacement personnel after the effective date of this Agreement to perform the services set forth herein, Contractor shall give consideration for such employment openings to qualified permanent County employees who are targeted for layoff or qualified former County employees who are on a re-employment list during the term of this Agreement. Such offers of employment shall be limited to vacancies in Contractor's staff needed to commence services under this Agreement, as well as to vacancies that occur during the

Agreement term. Such offers of employment shall be consistent with Contractor's current employment policies, and shall be made to any former or current County employee who has made application to Contractor, and is qualified for the available position. Employment offers shall be at least under the same conditions and rates of compensations which apply to other persons who are employed or may be employed by Contractor.

Contractor shall also give consideration to laid-off or reduced County employees if vacancies occur at Contractor's other service sites during the Agreement term.

33. CONSIDERATION OF HIRING GAIN/GROW PROGRAM

PARTICIPANTS: Should Contractor require additional or replacement personnel after the effective date of this Agreement, Contractor shall give consideration for any such employment openings to participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) Program or General Relief Opportunity for Work (GROW) Program who meet Contractor's minimum qualifications for the open position. For this purpose, consideration shall mean that Contractor will interview qualified candidates. County will refer GAIN/GROW participants by job category to the Contractor.

In the event that both laid-off County employees and GAIN/GROW participants are available for hiring, County employees shall be given first priority.

34. CONTRACTOR'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD

SUPPORT COMPLIANCE PROGRAM: Contractor acknowledges that County has established a goal of ensuring that all individuals who benefit financially from County through contract are in compliance with their court-ordered child, family, and spousal

support obligations in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

As required by County's Child Support Compliance Program (County Code Chapter 2.200) and without limiting Contractor's duty under this Agreement to comply with all applicable provisions of law, Contractor warrants that it is now in compliance and shall during the term of this Agreement maintain compliance with employment and wage reporting requirements as required by the federal Social Security Act [(42 USC section 653 (a))] and California Unemployment Insurance Code section 1088.55, and shall implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department (CSSD) Notices of Wage and Earnings Assignment for Child, Family, or Spousal Support, pursuant to Code of Civil Procedure section 706.031 and Family Code section 5246(b).

35. TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN
COMPLIANCE WITH COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM:

Failure of Contractor to maintain compliance with the requirements set forth in CONTRACTOR'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM Paragraph, immediately above, shall constitute default by Contractor under this Agreement. Without limiting the rights and remedies available to County under any other provision of this Agreement, failure to cure such default within ninety (90) calendar days of written notice shall be grounds upon which County's Board of Supervisors may terminate this Agreement pursuant to the TERMINATION Paragraph of this Agreement and pursue debarment of Contractor, pursuant to County Code Chapter 2.202.

36. CONTRACTOR'S ACKNOWLEDGMENT OF COUNTY'S COMMITMENT TO CHILD SUPPORT ENFORCEMENT: Contractor acknowledges that County places a high priority on the enforcement of child support laws and the apprehension of child support evaders. Contractor understands that it is County's policy to encourage all County Contractors to voluntarily post County's "L.A.'s Most Wanted: Delinquent Parents' poster in a prominent position at Contractor's place of business. County's CSSD will supply Contractor with the poster to be used.

37. CONTRACTOR'S EXCLUSION FROM PARTICIPATION IN A FEDERALLY FUNDED PROGRAM: Contractor hereby warrants that neither it nor any of its staff members is restricted or excluded from providing services under any health care program funded by the Federal government, directly or indirectly, in whole or in part, and that Contractor will notify Director within thirty (30) calendar days in writing of: 1) any event that would require Contractor or a staff members mandatory exclusion from participation in a Federally funded health care program; and 2) any exclusionary action taken by any agency of the Federal government against Contractor or one or more staff members barring it or the staff members from participation in a Federally funded health care program, whether such bar is direct or indirect, or whether such bar is in whole or in part.

Contractor shall indemnify and hold County harmless against any and all loss or damage County may suffer arising from any Federal exclusion of Contractor or its staff members from such participation in a Federally funded health care program.

Failure by Contractor to meet the requirements of this Paragraph shall constitute a material breach of contract upon which County may immediately terminate or suspend this Agreement.

38. NOTICE TO EMPLOYEES REGARDING THE FEDERAL EARNED INCOME CREDIT: Contractor shall notify its employees, and shall require each subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the Federal income tax laws. Such notice shall be provided in accordance with the requirements set forth in Internal Revenue Service Notice 1015.

39. CONTRACTOR RESPONSIBILITY AND DEBARMENT:

A. A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the contract. It is County's policy to conduct business only with responsible contractors.

B. Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if County acquires information concerning the performance of Contractor on this or other contracts, which indicates that Contractor is not responsible, County may, in addition to other remedies provided in the contract, debar Contractor from bidding or proposing on, or being awarded, and/or performing work on County contracts for a specified period of time, which generally will not exceed five (5) years or be permanent if warranted by the circumstances, and terminate any or all existing contracts Contractor may have with County.

C. County may debar Contractor if County's Board of Supervisors finds, in its discretion, that Contractor has done any of the following: 1) violated a term of a contract with County or a nonprofit corporation created by County, 2) committed an act or omission which negatively reflects on Contractor's quality, fitness or capacity to perform a contract with County, any other public entity, or a

nonprofit corporation created by County, or engaged in a pattern or practice which negatively reflects on same,3) committed an act or offense which indicates a lack of business integrity or business honesty, or 4) made or submitted a false claim against County or any other public entity.

D. If there is evidence that Contractor may be subject to debarment, the Department will notify Contractor in writing of the evidence which is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.

E. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor and/or Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether contractor should be debarred, and if so, the appropriate length of time of the debarment. Contractor and the Department shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.

F. After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right at its sole discretion to modify, deny, or adopt the proposed decision and recommendation of the Hearing Board.

G. If a Contractor has been debarred for a period longer than five (5) years, that Contractor may, after the debarment has been in effect for at least five (5) years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that Contractor has adequately demonstrated one or more of the following: 1) elimination of the grounds for which the debarment was imposed; 2) a bona fide change in ownership or management; 3) material evidence discovered after debarment was imposed; or 4) any other reason that is in the best interests of County.

H. The Contractor Hearing Board will consider a request for review of a debarment determination only where 1) the Contractor has been debarred for a period longer than five (5) years; 2) the debarment has been in effect for at least five (5) years; and 3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, the Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.

The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate

the debarment. The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

I. These terms shall also apply to any subcontractors of County Contractors.

40. USE OF RECYCLED CONTENT PAPER: Consistent with County's Board of Supervisors policy to reduce the amount of solid waste deposited at County landfills, Contractor agrees to use recycled-content bond paper and paper products to the maximum extent possible in connection with services to be performed by Contractor under this Agreement.

41. COMPLIANCE WITH THE COUNTY'S JURY SERVICE PROGRAM: This Contract is subject to the provisions of the County's ordinance entitled Contractor Employee Jury Service (Jury Service Program) as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles Code.

A. Unless Contractor has demonstrated to the County's satisfaction either that Contractor is not a Contractor as defined under the Jury Service Program (Section 2.203.020 of the County Code) or that Contractor qualifies for an exception to the Jury Service Program (Section 2.203.070 of the County Code), Contractor shall have and adhere to a written policy that provides its Employees shall receive from the Contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that Employees deposit any fees received for such jury service with the Contractor or

that the Contractor deduct from the Employee's regular pay the fees received for jury service.

B. For purposes of this subparagraph, Contractor means a person, partnership, corporation or other entity which has a contract with the County and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts. Employee means any California resident who is a full-time employee of Contractor. Full-time@ means 40 hours or more worked per week, or a lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by the County, or 2) Contractor has a long-standing practice that defines the lesser number of hours as full-time. Full time employees providing short term, temporary services of 90 days or less within a 12 month period are not considered full time for purposes of the Jury Service Program.

C. If Contractor is not required to comply with the Jury Service Program when the Contract commences, Contractor shall have a continuing obligation to review the applicability of its exception status from the Jury Service Program, and Contractor shall immediately notify County if Contractor at any time either comes within the Jury Service Programs definition of Contractor or if Contractor no longer qualifies for an exception to the Jury Service Program. In either event, Contractor shall immediately implement a written policy consistent with the Jury Service Program. The County may also require, at any time during the Contract and at its sole discretion, that Contractor demonstrate to the County's satisfaction that Contractor either continues to remain outside of the Jury Service Programs definition of Contractor and/or that Contractor continues

to qualify for an exception to the Program. Attached hereto, as Attachment III, is the required form, County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception, to be completed by the Contractor.

D. Contractor's violation of this subparagraph of the Contract may constitute a material breach of the Contract. In the event of such material breach, County may, in its sole discretion, terminate the Contract and/or bar Contractor from the award of future County contracts for a period of time consistent with the seriousness of the breach.

42. NOTICE TO EMPLOYEES REGARDING THE SAFELY SURRENDERED BABY LAW: The Contractor shall notify and provide to its employees, and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. The fact sheet is set forth in Attachment IV of this contract and is also available on the Internet at www.babysafela.org for printing purposes.

43. CONTRACTOR'S ACKNOWLEDGMENT OF COUNTY'S COMMITMENT TO THE SAFELY SURRENDERED BABY LAW: The Contractor acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. The Contractor understands that it is the County's policy to encourage all County Contractors to voluntarily post the County's Safely Surrendered Baby Law poster in a prominent position at the Contractor's place of business. The Contractor will also encourage its Subcontractors, if any, to post this poster in a prominent position in the

Subcontractor's place of business. The County's Department of Children and Family Services will supply the Contractor with the poster to be used.

44. NO PAYMENT FOR SERVICES PROVIDED FOLLOWING EXPIRATION/TERMINATION OF AGREEMENT: Contractor shall have no claim against County for payment of any money or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Should Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/ termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.

45. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76): Contractor hereby acknowledges that the County is prohibited from contracting with and making sub-awards to parties that are suspended, debarred, ineligible, or excluded from securing federally funded contracts. By executing this Agreement, Contractor certifies that neither it nor any of its owners officers, partners, directors, or principals is currently suspended, debarred, ineligible or excluded from securing federally funded contracts. Further, by executing this Agreement, Contractor certifies that, to its knowledge, none of its subcontractors, at any tier, or any owner officer, partner, director or other principal of subcontractor is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Contractor shall immediately notify County in writing, during the term of this Agreement, should it or any of its subcontractors or any principals of either be suspended, debarred,

ineligible, or excluded from securing federally funded contracts. Failure of Contractor to comply with this provision shall constitute a material breach of this Agreement upon which the County may immediately terminate or suspend this Agreement.

46. BUDGET REDUCTIONS: In the event that County's Board of Supervisors adopts, in any fiscal year, a County budget which provides for reductions in the salaries and benefits paid to the majority of County employees and imposes similar reductions with respect to County contracts, County reserves the right to reduce its payment obligation correspondingly for that fiscal year and any subsequent fiscal year for services provided by Contractor under this Agreement. County's notice to Contractor regarding said reductions in payment obligation shall be provided within ninety (90) calendar days of the Board of Supervisors' approval of such actions. Contractor shall continue to perform all obligations set forth in this Agreement.

47. COUNTY'S OBLIGATION FOR FUTURE FISCAL YEARS: Notwithstanding any other provision of this Agreement, County shall not be obligated for Contractor's performance hereunder or by any provision of this Agreement during any of County's future fiscal years unless and until County's Board of Supervisors appropriates funds for this Agreement in County's budget for each such future fiscal year. In the event that funds are not appropriated for this Agreement, then this Agreement shall terminate as of June 30th of the last county fiscal year for which funds were appropriated. County shall notify Contractor in writing of such non-allocation of funds at the earliest possible date.

48. REPORTING OF CHILD/ELDER AND DEPENDENT ADULT ABUSE:

A. Contractor staff working on this Agreement shall comply with California Penal Code (hereinafter "PC") Section 11164 et seq. and shall report all known and

suspected instances of child abuse to an appropriate child protective agency, as mandated by these code sections. Child abuse reports shall be made by telephone to the Department of Children and Family Services hotline at (800) 540-4000 within three (3) business days and shall submit all required information, in accordance with the PC Sections 11166 and 11167.

B. Contractor staff working on this Agreement shall comply with California Welfare and Institutions Code (WIC), Section 15600 et seq. and shall report all known or suspected instances of physical abuse of elders and dependent adults either to an appropriate County adult protective services agency or to a local law enforcement agency, as mandated by these code sections. The Contractor staff working on this Agreement shall make the report on such abuse, and shall submit all required information, in accordance with the WIC Sections 15630, 15633 and 15633.5.

49. PURCHASES (PRIMARY CARE AND/OR SPECIALTY CARE SERVICES ONLY):

A. Purchase Practices: Contractor shall fully comply with all Federal, State, and County laws, ordinances, rules, regulations, manuals, guidelines, and directors, in acquiring all furniture, fixtures, equipment, materials, and supplies. Such items shall be acquired at the lowest possible price or cost if funding is provided for such purposes hereunder.

B. Proprietary Interest of County: In accordance with all applicable Federal, State, and County laws, ordinances rules, regulations, manuals, guidelines, and directives, County shall retain all proprietary interest, except their use during the term of this Agreement, in all furniture, fixtures, equipment, materials, and supplies, purchased or obtained by Contractor using any contract

funds designated for such purpose. Upon the expiration or earlier termination of this Agreement, the discontinuance of the business of Contractor, the failure of Contractor to comply with any of the provisions of this Agreement, the bankruptcy of Contractor or its giving an assignment for the benefit of creditors, or the failure of Contractor to satisfy any judgment against it within thirty (30) calendar days of filing, County shall have the right to take immediate possession of all such furniture, removable fixtures, equipment, materials, and supplies, without any claim for reimbursement whatsoever on the part of Contractor. County, in conjunction with Contractor, shall attach identifying labels on all such property indicating the proprietary interest of County.

C. Inventory Records, Control, and Reports: Contractor shall maintain accurate and complete inventory records and controls for all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any contract funds designated for such purpose. Within ninety (90) calendar days following the effective date of this Agreement, Contractor shall provide Director with an accurate and complete inventory report of all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any County funds designated for such purpose.

D. Protection of Property in Contractor's Custody: Contractor shall maintain vigilance and take all reasonable precautions, to protect all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any contract funds designated for such purpose, against any damage or loss by fire, burglary, theft, disappearance, vandalism, or misuse. Contractor shall contact

Office of Ambulatory Cares Director for instructions for disposition of any such property which is worn out or unusable.

E. Disposition of Property in Contractor's Custody: Upon the termination of the funding of any program covered by this Agreement, or upon the expiration or earlier termination of this Agreement, or at any other time that County may request, Contractor shall: 1) provide access to and render all necessary assistance for physical removal by Director or his authorized representatives of any or all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any County funds designated for such purpose, in the same condition as such property was received by Contractor, reasonable wear and tear expected, or 2) at Director's option, deliver any or all items of such property to a location designated by Director. Any disposition, settlement, or adjustment connected with such property shall be in accordance with all applicable Federal, State, and County laws, ordinances, rules, regulations, manuals, guidelines, and directives.

50. CONTRACTOR'S CHARITABLE ACTIVITIES COMPLIANCE: The Supervision of Trustees and Fundraisers for Charitable Purposes Act regulates entities receiving or raising charitable contributions. The "Nonprofit Integrity Act of 2004" (SB 1262, Chapter 919) increased Charitable Purposes Act requirements. By requiring Contractors to complete the certification in Attachment V, the County seeks to ensure that all County contractors which receive or raise charitable contributions comply with California law in order to protect the County and its taxpayers. A Contractor which receives or raises charitable contributions without complying with its obligations under California

law commits a material breach subjecting it to either contract termination or debarment proceedings or both. (County Code Chapter 2.202).

51. CONTRACTOR'S WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM: Contractor acknowledges that County has established a goal of ensuring that all individuals and businesses that benefit financially from County through contract are current in paying their property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

Unless Contractor qualifies for an exemption or exclusion, Contractor warrants and certifies that to the best of its knowledge it is now in compliance, and during the term of this contract will maintain compliance, with Los Angeles Code Chapter 2.206.

52. TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM: Failure of Contractor to maintain compliance with the requirements set forth in this Agreement Contractor's Warranty of Compliance with County's Defaulted Property Tax Reduction Program shall constitute default under this Agreement. Without limiting the rights and remedies available to County under any other provision of this Agreement, failure of Contractor to cure such default within 10 days of notice shall be grounds upon which County may terminate this Agreement and/or pursue debarment of Contractor, pursuant to County Code Chapter 2.206.

**CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT
AND CONFIDENTIALITY AGREEMENT**

CONTRACTOR NAME

Contract No.: _____

Employee Name: _____

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Contractor referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too,

will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

DATE: ____/____/____

SIGNATURE: _____

PRINTED NAME: _____

POSITION: _____

(Note: This certification is to be executed and returned to County with Contractor's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

**CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT
AND CONFIDENTIALITY AGREEMENT**

CONTRACTOR NAME

Contract No.: _____

Employee Name: _____

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Contractor referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its

ATTACHMENT II
PAGE 2 OF 2

possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

DATE: ____/____/____

SIGNATURE: _____

PRINTED NAME: _____

POSITION: _____

(Note: This certification is to be executed and returned to County with Contractor's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM
CERTIFICATION FORM AND APPLICATION FOR EXCEPTION

The County's solicitation for this Request for Proposals is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All proposers, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the proposer is exempted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services):		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

- ☐ My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- ☐ My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees, including full-time and part-time employees, and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

- ☐ My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

- ☐ My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, **or** my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

Safely Surrendered



No shame. No blame. No names.

In Los Angeles County: 1-877-BABY SAFE • 1-877-222-9723

www.babysafela.org



In Los Angeles County: 1 877 BABY SAFE 1 877 222 9723
www.babysafela.org

Safely Surrendered *Baby Law*

What is the Safely Surrendered Baby Law?

California's Safely Surrendered Baby Law allows parents or other persons, with lawful custody, which means anyone to whom the parent has given permission to confidentially surrender a baby. As long as the baby is three days (72 hours) of age or younger and has not been abused or neglected, the baby may be surrendered without fear of arrest or prosecution.

How does it work?

A distressed parent who is unable or unwilling to care for a baby can legally, confidentially, and safely surrender a baby within three days (72 hours) of birth. The baby must be handed to an employee at a hospital or fire station in Los Angeles County. As long as the baby shows no sign of abuse or neglect, no name or other information is required. In case the parent changes his or her mind at a later date and wants the baby back, staff will use bracelets to help connect them to each other. One bracelet will be placed on the baby, and a matching bracelet will be given to the parent or other surrendering adult.

What if a parent wants the baby back?

Parents who change their minds can begin the process of reclaiming their baby within 14 days. These parents should call the Los Angeles County Department of Children and Family Services at 1-800-540-4000.

Can only a parent bring in the baby?

No. While in most cases a parent will bring in the baby, the Law allows other people to bring in the baby if they have lawful custody.

Does the parent or surrendering adult have to call before bringing in the baby?

No. A parent or surrendering adult can bring in a baby anytime, 24 hours a day, 7 days a week, as long as the parent or surrendering adult surrenders the baby to someone who works at the hospital or fire station.

Does the parent or surrendering adult have to tell anything to the people taking the baby?

No. However, hospital or fire station personnel will ask the surrendering party to fill out a questionnaire designed to gather important medical history information, which is very useful in caring for the baby. The questionnaire includes a stamped return envelope and can be sent in at a later time.

What happens to the baby?

The baby will be examined and given medical treatment. Upon release from the hospital, social workers immediately place the baby in a safe and loving home and begin the adoption process.

What happens to the parent or surrendering adult?

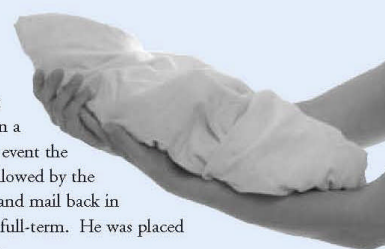
Once the parent or surrendering adult surrenders the baby to hospital or fire station personnel, they may leave at any time.

Why is California doing this?

The purpose of the Safely Surrendered Baby Law is to protect babies from being abandoned, hurt or killed by their parents. You may have heard tragic stories of babies left in dumpsters or public bathrooms. Their parents may have been under severe emotional distress. The mothers may have hidden their pregnancies, fearful of what would happen if their families found out. Because they were afraid and had no one or nowhere to turn for help, they abandoned their babies. Abandoning a baby is illegal and places the baby in extreme danger. Too often, it results in the baby's death. The Safely Surrendered Baby Law prevents this tragedy from ever happening again in California.

A baby's story

Early in the morning on April 9, 2005, a healthy baby boy was safely surrendered to nurses at Harbor-UCLA Medical Center. The woman who brought the baby to the hospital identified herself as the baby's aunt and stated the baby's mother had asked her to bring the baby to the hospital on her behalf. The aunt was given a bracelet with a number matching the anklet placed on the baby; this would provide some identification in the event the mother changed her mind about surrendering the baby and wished to reclaim the baby in the 14-day period allowed by the Law. The aunt was also provided with a medical questionnaire and said she would have the mother complete and mail back in the stamped return envelope provided. The baby was examined by medical staff and pronounced healthy and full-term. He was placed with a loving family that had been approved to adopt him by the Department of Children and Family Services.



Ley de Entrega de Bebés *Sin Peligro*



Los recién nacidos pueden ser entregados en forma segura al personal de cualquier hospital o cuartel de bomberos del Condado de Los Ángeles

Sin pena. Sin culpa. Sin nombres.

En el Condado de Los Ángeles: 1-877-BABY SAFE • 1-877-222-9723

www.babysafela.org



En el Condado de Los Ángeles: 1-877-BABY SAFE • 1-877-222-9723

www.babysafela.org

Ley de Entrega de Bebés Sin Peligro

¿Qué es la Ley de Entrega de Bebés sin Peligro?

La Ley de Entrega de Bebés sin Peligro de California permite la entrega confidencial de un recién nacido por parte de sus padres u otras personas con custodia legal, es decir cualquier persona a quien los padres le hayan dado permiso. Siempre que el bebé tenga tres días (72 horas) de vida o menos, y no haya sufrido abuso ni negligencia, pueden entregar al recién nacido sin temor de ser arrestados o procesados.

Cada recién nacido se merece la oportunidad de tener una vida saludable. Si alguien que usted conoce está pensando en abandonar a un recién nacido, infórmele que tiene otras opciones. Hasta tres días (72 horas) después del nacimiento, se puede entregar un recién nacido al personal de cualquier hospital o cuartel de bomberos del condado de Los Angeles.

¿Cómo funciona?

El padre/madre con dificultades que no pueda o no quiera cuidar de su recién nacido puede entregarlo en forma legal, confidencial y segura dentro de los tres días (72 horas) del nacimiento. El bebé debe ser entregado a un empleado de cualquier hospital o cuartel de bomberos del Condado de Los Ángeles. Siempre que el bebé no presente signos de abuso o negligencia, no será necesario suministrar nombres ni información alguna. Si el padre/madre cambia de opinión posteriormente y desea recuperar a su bebé, los trabajadores utilizarán brazaletes para poder vincularlos. El bebé llevará un brazalete y el padre/madre o el adulto que lo entregue recibirá un brazalete igual.

¿Qué pasa si el padre/madre desea recuperar a su bebé?

Los padres que cambien de opinión pueden comenzar el proceso de reclamar a su recién nacido dentro de los 14 días. Estos padres deberán llamar al Departamento de Servicios para Niños y Familias (Department of Children and Family Services) del Condado de Los Ángeles al 1-800-540-4000.

¿Sólo los padres podrán llevar al recién nacido?

No. Si bien en la mayoría de los casos son los padres los que llevan al bebé, la ley permite que otras personas lo hagan si tienen custodia legal.

¿Los padres o el adulto que entrega al bebé deben llamar antes de llevar al bebé?

No. El padre/madre o adulto puede llevar al bebé en cualquier momento, las 24 horas del día, los 7 días de la semana, siempre y cuando entreguen a su bebé a un empleado del hospital o cuartel de bomberos.

¿Es necesario que el padre/madre o adulto diga algo a las personas que reciben al bebé?

No. Sin embargo, el personal del hospital o cuartel de bomberos le pedirá a la persona que entregue al bebé que llene un cuestionario con la finalidad de recabar antecedentes médicos importantes, que resultan de gran utilidad para cuidar bien del bebé. El cuestionario incluye un sobre con el sello postal pagado para enviarlo en otro momento.

¿Qué pasará con el bebé?

El bebé será examinado y le brindarán atención médica. Cuando le den el alta del hospital, los trabajadores sociales inmediatamente ubicarán al bebé en un hogar seguro donde estará bien atendido, y se comenzará el proceso de adopción.

¿Qué pasará con el padre/madre o adulto que entregue al bebé?

Una vez que los padres o adulto hayan entregado al bebé al personal del hospital o cuartel de bomberos, pueden irse en cualquier momento.

¿Por qué se está haciendo esto en California?

La finalidad de la Ley de Entrega de Bebés sin Peligro es proteger a los bebés para que no sean abandonados, lastimados o muertos por sus padres. Usted probablemente haya escuchado historias trágicas sobre bebés abandonados en basureros o en baños públicos. Los padres de esos bebés probablemente hayan estado pasando por dificultades emocionales graves. Las madres pueden haber ocultado su embarazo, por temor a lo que pasaría si sus familias se enteraran. Abandonaron a sus bebés porque tenían miedo y no tenían nadie a quien pedir ayuda. El abandono de un recién nacido es ilegal y pone al bebé en una situación de peligro extremo. Muy a menudo el abandono provoca la muerte del bebé. La Ley de Entrega de Bebés sin Peligro impide que vuelva a suceder esta tragedia en California.

Historia de un bebé

A la mañana temprano del día 9 de abril de 2005, se entregó un recién nacido saludable a las enfermeras del Harbor-UCLA Medical Center. La mujer que llevó el recién nacido al hospital se dio a conocer como la tía del bebé, y dijo que la madre le había pedido que llevara al bebé al hospital en su nombre. Le entregaron a la tía un brazalete con un número que coincidía con la pulsera del bebé; esto serviría como identificación en caso de que la madre cambiara de opinión con respecto a la entrega del bebé y decidiera recuperarlo dentro del período de 14 días que permite esta ley. También le dieron a la tía un cuestionario médico, y ella dijo que la madre lo llenaría y lo enviaría de vuelta dentro del sobre con franqueo pagado que le habían dado. El personal médico examinó al bebé y se determinó que estaba saludable y a término. El bebé fue ubicado con una buena familia que ya había sido aprobada para adoptarlo por el Departamento de Servicios para Niños y Familias.



CHARITABLE CONTRIBUTIONS CERTIFICATION

 Company Name

 Address

 Internal Revenue Service Employer Identification Number

 California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

CERTIFICATION	YES	NO
Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.	()	()

OR

Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code Sections 12585-12586.	()	()
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 Signature

 Date

 Name and Title (please type or print)

Effective 09/06/05

EXHIBIT A

DESCRIPTION OF SERVICES – PRIMARY HEALTH CARE SERVICES

1. Primary Health Care Services: Contractor shall be responsible for providing primary health care services to all Eligible Patients, as that term is defined under this Agreement. For purposes of this Agreement, "primary health care services" means those services provided by a clinic or a health care provider to patients who remain less than 24 hours for prevention, diagnosis, or treatment of illness or injury including, but not limited to, advice, therapeutic services, outreach, emergency first aid, information and referral services. Services that are excluded from this Agreement as a primary diagnosis are listed on Attachment I, attached hereto and incorporated herein by reference.

Contractor shall assure that primary health care is provided under this Agreement by health professionals, including non-physician medical practitioners, whose practice is predominantly that of general medicine, family practice, internal medicine, pediatrics, obstetrics or gynecology. Non-physician medical practitioners shall include nurse practitioners, nurse midwives and physician assistants who are supervised in accordance with the requirements set forth in this Exhibit.

In the event that Contractor provides pediatric primary health care services under this Agreement, and in addition to the foregoing, Contractor must be CHDP-certified.

2. Reimbursable Services: As set forth in Exhibit(s) __, Contractor shall be reimbursed by County for primary health care services provided only to Eligible Patients. To that end, Contractor shall be reimbursed by County for such services only if those services constitute a "billable visit." For purposes of this Agreement, a "billable

visit" shall be defined as a face-to-face encounter between a patient and a licensed, registered, or certified health care provider who exercises independent judgment in the provision of preventive, diagnostic, or treatment services. A billable visit shall include any ancillary services that are needed during or as a result of the visit. For purposes of this Agreement, "ancillary services" shall include laboratory services, pharmacy services, medical supplies, and basic radiology. Ancillary services shall be reimbursed as part of the all-inclusive rate, which Contractor receives under this Agreement for each billable visit. Ancillary services that are not provided during a visit or as a result of a visit, so that their cost is included in the all-inclusive rate paid to Contractor under this Agreement, shall not be billable or reimbursable under this Agreement. If ancillary services are provided off-site, Contractor shall have a formal agreement with entities or persons that have agreed to provide these services.

Physicals and drug testing requested by Eligible Patients in order to meet Department of Motor Vehicle, work, or adoption requirements shall not be billable or reimbursable under this Agreement. Additionally, services such as dental, podiatry, chiropractic, mental health, immunization, Mantoux testing, drawing blood, collecting urine specimens, performing laboratory tests, taking x-rays as a stand alone visit, and filling or dispensing prescriptions shall not constitute a billable visit, and, accordingly, shall not be billable and reimbursable under primary care services.

In order to be reimbursed as a "billable visit", all health services, including ancillary services provided during or as a result of a visit, shall be recorded in the patient's medical record.

3. Staffing: If Contractor is utilizing nurse practitioners, nurse midwives, and/or physician assistants in the delivery of primary health care services, Contractor must have in effect standardized protocols signed by a supervising physician. Additionally, Contractor shall assure that the following ratios of non-physician medical practitioners supervised by a single physician are maintained at all times:

- Four nurse practitioners to one supervising physician;
- Three nurse midwives to one supervising physician;
- Two physician assistants to one supervising physician;
- A team consisting of any four of these professionals
(nurse practitioners, nurse midwives, and/or physician assistants) as long as the above prescribed limits on nurse midwives and physician assistants are maintained.

4. Workplan: Contractor shall follow Contractor's PPP Program Workplan attached hereto and incorporated herein by reference as Attachment _____. Any changes to this Workplan must have the prior written consent of the Director.

5. Use of Other Payor Sources for Indigent and Underserved Populations: If a Strategic Partner, Contractor must have at least two sources of funding, in addition to funding provided under this Agreement that funds primary health care services to the indigent and underserved population. One of the two sources may include agency fundraising. The second source of funding may include, but not be limited to, direct State and/or Federal grants, Medi-Cal funding, and other State and/or Federal Programs providing indigent care monies or services.

The requirement for additional funding source(s) cannot be satisfied by the provision of funds from the County under other agreements and/or arrangements, such as purchase orders.

6. Contractor's Obligations: Contractor shall do the following:

A. Operations:

1) Hours of Operation: Contractor shall adhere to the hours of operation set forth in Attachment ___, Contractor's Workplan. Contractor shall notify Director in writing of any changes to the specified hours of operation. Except as otherwise necessary in emergency situations, any decrease changes to the specified hours of operation must be requested of Director in writing and shall be at the discretion of the Director to approve.

a. A proposed closure for a holiday, which is not recognized by the County as an official holiday, must be communicated in writing to Director at least thirty (30) calendar days prior to the planned closure. The Director shall respond to Contractor in writing with his or her decision at least fourteen (14) calendar days prior to the proposed closure. The County's current official holidays are: New Year's Day, Martin L. King, Jr. Day, President's Day, Memorial Day, Fourth of July, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and the day after, and Christmas Day.

b. If the above procedures have not been followed, and a change in its clinic service site hours or days of operation is made by Contractor without Director's authorization, Contractor shall be assessed by the County the amounts set forth as liquidated damages in the LIQUIDATED DAMAGES Paragraph of the body of this Agreement, and not as a penalty, for each regular County day of business following such unauthorized change. Such assessment shall continue until the clinic service site has returned to the new hours and days of operation.

c. Facility Service Sites: Contractor shall provide services at the service sites set forth in Attachment ___, Contractor's Workplan. Contractor shall inform Director in writing at least forty-five (45) calendar days prior to adding, closing, or relocating a site, for provision of services hereunder. The addition, deletion, or relocation of a service site may only be affected after obtaining the Director's written approval.

2) Referral and Notification: Contractor shall adhere to the referral and notification process set forth in Attachment ___, Contractor's Workplan, in the event that Contractor must a) close its practice to new PPP Program eligible patients (individuals who have not been seen at any of Contractor's primary care sites within twelve (12) months from the first visit after the effective date of this Agreement), b) close its practice to episodic patients (those that have been seen at least once in the last twelve (12)

months and all care has been for episodic conditions, such as immunizations and colds, that do not require follow-up care), and/or c) close its practice due to circumstances beyond its control. If Contractor must close its practice at a particular site, to new and/or episodic PPP Program eligible patients, the closure must apply to all new and/or episodic PPP Program eligible patients. If Contractor's practice is open to episodic PPP Program eligible patients and an episodic PPP Program eligible patient(s) is diagnosed with a chronic condition, such as asthma or diabetes, which requires follow-up care or monitoring to ensure that the illness or condition remains controlled, Contractor shall be required to continue treatment of such patient(s) as a PPP Program eligible patient and may not close its practice to such patient(s). At no time may Contractor cease services to patients with chronic illnesses or significant illnesses that require at least one additional visit to ensure that treatment is no longer necessary. Notwithstanding the foregoing, Contractor shall be permitted to accept the following new PPP Program eligible patients: new PPP Program eligible patients who are existing clients in one of Contractor's other services or clinic programs or new PPP Program eligible patients who are family members or caretakers of an existing patient receiving regular care at the site. Contractor shall document such information in the new PPP Program eligible patient's medical chart upon the patient's first visit as a PPP Program eligible patient. Contractor shall

not be permitted to select and reject new PPP Program eligible patients on criteria such as symptoms, condition or disease.

Until such time as Contractor determines it shall reopen its practice in any form, Contractor shall notify County in writing fourteen (14) calendar days in advance. In the event that Contractor closes its practice as described above, Contractor shall submit monthly written reports to County which provide the number of patients referred and the name of the agency(ies) that the patients were referred to. Such reports shall be submitted to the County of Los Angeles Department of Health Services, Office of Ambulatory Care, 5555 Ferguson Drive, Room 210-01, City of Commerce, California 90022, Attention: Director

In the event that County learns and verifies that Contractor has closed only to selected, new and/or episodic PPP Program eligible patients, based upon the above criteria or for any other reason, such conduct shall be considered a material breach of contract upon which County may immediately terminate or suspend this Agreement. County, at its sole option, may obtain damages from Contractor resulting from said breach.

3) Patient Eligibility: Contractor shall verify and document patient eligibility for services under this Agreement in accordance with the PATIENT ELIGIBILITY Paragraph of the body of this Agreement. Verification of patient's Los Angeles County residency, income and insurance status must be documented in the patient's medical record

through the inclusion of the completed, signed, and dated Certificate of Indigency (COI). Such documentation must be maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS.

In accordance with the NON-EMERGENCY MEDICAL CARE SERVICES REQUIREMENTS Paragraph of this Agreement, PPP Program Eligible Patients receiving public health related services are exempt from the Los Angeles County residency verification process.

4) Provider Credentialing: As set forth in the PERSONNEL Paragraph of the Additional Provisions, Contractor shall maintain a provider credentialing process, which adheres to the established health care industry credentialing standards and guidelines.

5) Laboratory Services: If Contractor performs any of the following nine laboratory tests on site, Contractor must have a current Clinical Laboratory Improvement Act (CLIA) certificate or evidence of a CLIA waiver: dip stick or tablet urinalysis; fecal occult blood; ovulation test using visual color comparison; urine pregnancy test using visual color comparison; Hemoglobin by copper sulfate non-automated; Spun micro hematocrit; Blood glucose using certain devices cleared by the FDA for home use; erythrocyte sedimentation rate non-automated; and automated hemoglobin. If Contractor performs lab testing beyond these services, it must meet all additional CLIA requirements.

6) Radiology Services: Contractor shall be responsible for

providing basic radiology services that are within the scope of primary health care e.g., screening mammogram and chest x-ray. Exclusions include ultrasound, invasive studies, CT or MRI scans, Doppler studies, and comparison views-extremity films.

7) Pharmacy: Contractor must use the Approved DHS Drug Formulary, which shall be provided to Contractor prior to the commencement of services under this Agreement by way of the Provider Information Notice, which process is described hereunder. Contractor may prescribe drugs beyond what is listed in the formulary as well as prescribe therapeutic equivalent (generic) drugs, with some exceptions as shall be provided to Contractor in a Provider Information Notice. Contractor may also counsel patients on non-prescription therapeutic interventions whenever feasible, for example exercise, weight loss, and smoking cessation.

B. Patient Care

1) Selected Primary Health Care Provider: As the primary health care provider, Contractor shall provide coordinated and comprehensive primary health care at the first contact and on a continuous basis in an outpatient setting.

2) Specialty Services: When all appropriate treatment options by the primary health care physician are exhausted, and/or the patient's condition dictates specialty care, a referral to a DHS specialist should be made. Contractor shall refer patients to DHS facilities for specialty service

using the referral guidelines promulgated by each DHS Referral Center and the WebReferral internet-based Referral Processing System. Contractor shall inform any patient for whom a referral is planned that he/she will undergo another financial screening for financial eligibility and Los Angeles County residency at any DHS hospital or clinic. Within the limits of the specialty clinic's availability, the DHS Referral Center shall be responsible for ensuring that specialty appointments are being made in a timely manner. Contractor shall assure that all medically appropriate primary care examinations and ancillary services are completed prior to the referral and shall comply with all instructions for transfer which the accepting DHS facility issues. If Contractor uses non-physician providers, it shall ensure that the referral is reviewed and authorized by a physician prior to submitting the referral to ensure the appropriateness of the referral, and that the referral justification is noted in the patient's medical record and included in the referral to the DHS specialist. County will provide Contractor with the specific processes and guidelines for each DHS Referral Center upon execution of this Agreement through the Provider Information Notice process described hereunder.

3) Mental Health Referrals: If, through the provision of services hereunder, Contractor determines that a patient may benefit from mental health services, or if a patient inquires about the availability of no-cost mental health services, Contractor shall inform patient that outpatient mental health service referrals may be obtained by the patient calling the

INFO-LINE, Information & Referral Federation Mental Health Services Information Service at (800) 339-6993. Contractor shall inform the patient that he/she will undergo another financial eligibility screening at the time that mental health services are sought.

4) Substance Abuse Referrals: If, through the provision of services hereunder, Contractor determines that a patient may benefit from substance abuse treatment services, or if a patient inquires about the availability of no-cost substance abuse treatment services, Contractor shall inform the patient that outpatient substance abuse treatment referrals may be obtained by the patient calling the Information and Referrals to Alcohol and Drug Program Services line at (800) 564-6600.

5) Accessing After-Hour and Emergency Services: Contractor must triage and provide same-day or next-day care for a patient who the Contractor has seen in the past, and who should be seen for primary health care within 24-48 hours, or direct the patient to a DHS site as medically appropriate. Contractor shall establish a mechanism to inform PPP Program patients how to access primary health care services after hours, during weekends and holidays, and how to access emergency services.

C. Program Management: In accordance with Attachment __, Contractor's Workplan, Contractor must manage contract resources to ensure that there are sufficient funds over the term of this Agreement to:

- 1) Provide continuous care, as medically appropriate, to patients who have been diagnosed with a chronic disease by primary health care providers at the Contractor's site(s). Medically necessary follow-up care and medications must be provided without charge to the patient as long as he/she meets the PPP PROGRAM financial eligibility criteria.
- 2) Provide same-day or next-day appointments or walk-in services to those patients who should be seen within 24-48 hours, and regular scheduled appointments for returning patients, as medically necessary.

D. Performance Measurement:

- 1) Baseline Measurements: Information provided in the Contractor's approved Workplan provides baseline information for components of performance reports.
- 2) Monthly Reports: The County will issue monthly reports to Contractor to summarize performance of individual agencies. Information on the monthly reports will be derived from claims adjudication data.
- 3) Quarterly Reports: Contractor shall provide quarterly reports to the County, as needed, providing information on volume of clinic workload, changes in capacity, and other data that is not available to the Department except through agency self-reporting. County shall notify Contractor of submission due dates and reporting

requirements, as appropriate, via the Provider Information Notice process.

E. Performance Improvement: Contractor shall participate in County activities to improve performance across the PPP Program, and across the larger network of DHS and PPP Program network. As reasonable, this may include performance meetings with individual contractors, peer review meetings, and the review and development of new policies and procedures.

F. Additional Contractor and County Responsibility (for Strategic Partners only): In addition to any specific requirements set forth under this Agreement as to both parties, and during the term of this Agreement, Contractor, if a Strategic Partner and the County shall be obligated to do all of the following:

1) Responsibilities and Rights of Strategic Partners:

a. To qualify and maintain qualification as a Strategic Partner, Contractor throughout the term of this agreement, must 1) be an FQHC, or FQHC look-alike; or 2) meet all the requirements of a FQHC look-alike excluding the governance requirements; and 3) have a Medical Director who has completed a residency or equivalent training in preventive medicine, internal medicine, pediatrics, family practice, or other specialty; 4) be Family-PACT certified; 5) participate in a reduced price drug Program, unless Contractor elects to participate in any pharmaceutical

demonstration project arranged by the County; 6) have provided primary health care for more than 10 years, 7) have a primary health care budget that shows that PPP funds represent less than 50% of that budget on an annual basis; 8) maintain two sources of funding for the provision of primary health care services to the indigent in addition to the funding provided under this Agreement; and 9) maintain a full time, primary health care provider staff and staff physicians with admitting privileges at Contractor's referral hospital(s).

b. With Director's prior consent, Contractor, if a Strategic Partner, may choose to participate in DHS initiatives, such as a pharmacy demonstration project.

c. Contractor, if a Strategic Partner, shall work with the County to determine the best means by which to create a category on Contractors' annual report to the State of California to report specific workload, revenue and costs associated with serving the PPP patients. Additionally, Contractor shall send a copy of its annual report to the County concurrently with submission to the State.

2) County Responsibilities: In consideration for the foregoing, County shall:

a. Give its Contactor, if a Strategic Partner, first priority for the receipt of new or unexpended PPP Program funds, when

such funds must be allocated or shifted to the County's existing PPP contractors, in accordance with the Board approved Allocation Methodology.

b. Include the Contractor, if a Strategic Partner, in a demonstration project proposal to the Health Resources Services Administration under which the County will seek to include requesting Contractor's site in the distribution of pharmaceuticals which the County purchases pursuant to the Veterans Health Care Act, which pharmaceuticals are commonly known as "340B drugs".

c. Establish a Strategic Partner Roundtable to include designated PPPs and DHS administrators and/or clinical managers in ad hoc and ongoing planning activities.

EXCLUDED SERVICES

FAMILY PLANNING		
ICD9Code	Short Description	Long Description
"V25"	"CONTRACEPTIVE MANAGEMENT"	"CONTRACEPTIVE MANAGEMENT"
"V25.0"	"GENERAL CNSL&ADVICE CONTRACEPT MGMT"	"GENERAL COUNSELING&ADVICE CONTRACEPT MANAGEMENT"
"V25.01"	"GENERAL CNSL PRSC ORAL CONTRACEPTS"	"GENERAL COUNSELING PRESCRIPTION ORAL CONTRACEPTS"
"V25.02"	"GEN CNSL INIT OTH CNTRACPT MEASURES"	"GENERAL CNSL INITIATION OTH CONTRACEPT MEASURES"
"V25.03"	"ENCOUNTER EMERG CNTRACPT CNSL&PRSC"	"ENCOUNTER EMERGENCY CONTRACEPT CNSL&PRESCRIPTION"
"V25.09"	"OTH GEN CNSL&ADVICE CNTRACPT MGMT"	"OTH GENERAL CNSL&ADVICE CONTRACEPT MANAGEMENT"
"V25.1"	"INSRTION INTRAUTERN CNTRACPT DEVICE"	"INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE"
"V25.2"	"STERILIZATION"	"STERILIZATION"
"V25.3"	"MENSTRUAL EXTRACTION"	"MENSTRUAL EXTRACTION"
"V25.4"	"SURVEILLANCE CNTRACPT METH"	"SURVEILLANCE PREV PRESCRIBED CONTRACEPT METH"
"V25.40"	"UNSPEC CONTRACEPTIVE SURVEILLANCE"	"UNSPECIFIED CONTRACEPTIVE SURVEILLANCE"
"V25.41"	"SURVEILLANCE CNTRACPT PILL"	"SURVEILLANCE PREV PRESCRIBED CONTRACEPT PILL"
"V25.42"	"SURVEILLANCE-PREV PRESCRIBED IUD"	"SURVEILLANCE PREV PRSC INTRAUTERN CNTRACPT DEVC"
"V25.43"	"SURVEILLANCE IMPL SUBDERM CNTRACPT"	"SURVEILLANCE PREV PRSC IMPL SUBDERMAL CONTRACEPT"
"V25.49"	"SURVEIL-OTH PREV CONTRACEPT METH"	"SURVEILLANCE OTH PREV PRSC CONTRACEPT METHOD"
"V25.5"	"INSERTION IMPL SUBDERMAL CONTRACEPT"	"INSERTION OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE"
"V25.8"	"OTHER SPEC CONTRACEPTIVE MANAGEMENT"	"OTHER SPECIFIED CONTRACEPTIVE MANAGEMENT"
"V25.9"	"UNSPEC CONTRACEPTIVE MANAGEMENT"	"UNSPECIFIED CONTRACEPTIVE MANAGEMENT"
"V26"	"PROCREATIVE MANAGEMENT"	"PROCREATIVE MANAGEMENT"
"V26.0"	"TUBOPLASTY/VASOPLASTY AFTR STERILIZ"	"TUBOPLASTY/VASOPLASTY AFTER PREVIOUS STERILIZ"
"V26.1"	"ARTIFICIAL INSEMINATION"	"ARTIFICIAL INSEMINATION"
"V26.2"	"INVESTIGAT&TESTING PROCREAT MGMT"	"INVESTIGATION AND TESTING PROCREATION MANAGEMENT"
"V26.21"	"FERTILITY TESTING"	"FERTILITY TESTING"
"V26.22"	"AFTERCARE FOLLOW STERILIZ REVERSAL"	"AFTERCARE FOLLOWING STERILIZATION REVERSAL"
"V26.29"	"OTHER INVESTIGATION AND TESTING"	"OTHER INVESTIGATION AND TESTING"
"V26.3"	"GENETIC COUNSELING AND TESTING"	"GENETIC COUNSELING AND TESTING"
"V26.4"	"GEN CNSL&ADVICE PROCREATIVE MGMT"	"GENERAL COUNSELING&ADVICE PROCREATIVE MANAGEMENT"
"V26.5"	"STERILIZATION STATUS"	"STERILIZATION STATUS"
"V26.51"	"TUBAL LIGATION STERILIZATION STATUS"	"TUBAL LIGATION STERILIZATION STATUS"
"V26.52"	"VASECTOMY STERILIZATION STATUS"	"VASECTOMY STERILIZATION STATUS"
"V26.8"	"OTHER SPEC PROCREATIVE MANAGEMENT"	"OTHER SPECIFIED PROCREATIVE MANAGEMENT"
"V26.9"	"UNSPECIFIED PROCREATIVE MANAGEMENT"	"UNSPECIFIED PROCREATIVE MANAGEMENT"

EXCLUDED SERVICES

HIV/AIDS		
ICD9Code	Short Description	Long Description
"042"	"HUMAN IMMUNODEFICIENCY VIRUS [HIV]"	"HUMAN IMMUNODEFICIENCY VIRUS [HIV]"
"136.3"	"PNEUMOCYSTOSIS"	"PNEUMOCYSTOSIS"
"V65.44"	"HIV COUNSELING"	"HUMAN IMMUNODEFICIENCY VIRUS COUNSELING"
"V69.8"	"OTHER PROBLEMS RELATED TO LIFESTYLE"	"OTHER PROBLEMS RELATED TO LIFESTYLE"
"V73.89"	"SPECIAL SCR EXAM OTH SPEC VIRAL DZ"	"SPECIAL SCREENING EXAMINATION OTH SPEC VIRAL DZ"
"079.53"	"HIV TYPE 2 IN CCE & UNS SITE"	"HIV TYPE 2 IN CCE & UNS SITE"
"795.71"	"NONSPECIFIC SEROLOGIC EVIDENCE HIV"	"NONSPECIFIC SEROLOGIC EVIDENCE OF HIV"
"799.4"	"CACHEXIA"	"CACHEXIA"
"V01.7"	"CNTC W/OR EXPOSURE OTH VIRAL DZ"	"CONTACT WITH OR EXPOSURE TO OTHER VIRAL DISEASES"
"V08"	"ASYMPTOMATIC HIV INFECTION STATUS"	"ASYMPTOMATIC HIV INFECTION STATUS"
PREGNANCY		
ICD9Code	Short Description	Long Description
"V22"	"NORMAL PREGNANCY"	"NORMAL PREGNANCY"
"V22.0"	"SUPERVISION NORMAL FIRST PREGNANCY"	"SUPERVISION OF NORMAL FIRST PREGNANCY"
"V22.1"	"SUPERVISION OTHER NORMAL PREGNANCY"	"SUPERVISION OF OTHER NORMAL PREGNANCY"
"V22.2"	"PREGNANT STATE"	"INCIDENTAL"
"V23"	"SUPERVISION OF HIGH-RISK PREGNANCY"	"SUPERVISION OF HIGH-RISK PREGNANCY"
"V23.0"	"PREGNANCY W/HISTORY OF INFERTILITY"	"PREGNANCY WITH HISTORY OF INFERTILITY"
"V23.1"	"PG W/HX TROPHOBLASTIC DISEASE"	"PREGNANCY WITH HISTORY OF TROPHOBLASTIC DISEASE"
"V23.2"	"PREGNANCY WITH HISTORY OF ABORTION"	"PREGNANCY WITH HISTORY OF ABORTION"
"V23.3"	"PREGNANCY WITH GRAND MULTIPARITY"	"PREGNANCY WITH GRAND MULTIPARITY"
"V23.4"	"PREGNANCY W/OTH POOR OBSTETRIC HX"	"PREGNANCY WITH OTHER POOR OBSTETRIC HISTORY"
"V23.41"	"SUPERVISION PG W/HX PRE-TERM LABOR"	"SUPERVISION PREGNANCY W/HISTORY PRE-TERM LABOR"
"V23.49"	"SUP PG W/OTH POOR OBSTETRIC HX"	"SUPERVISION PREGNANCY W/OTH POOR OBSTETRIC HX"
"V23.5"	"PG W/OTH POOR REPRODUCTIVE HX"	"PREGNANCY WITH OTHER POOR REPRODUCTIVE HISTORY"
"V23.7"	"INSUFFICIENT PRENATAL CARE"	"INSUFFICIENT PRENATAL CARE"
"V23.8"	"OTHER HIGH-RISK PREGNANCY"	"OTHER HIGH-RISK PREGNANCY"
"V23.81"	"SUPV HI-RISK PG ELDER PRIMIGRAVDA"	"SUPERVISION HIGH-RISK PG ELDER PRIMIGRAVIDA"
"V23.82"	"SUPERVIS HI-RISK PG ELDER MXIGRAVDA"	"SUPERVISION HIGH-RISK PG ELDER MULTIGRAVIDA"
"V23.83"	"SUPV HI-RISK PG YOUNG PRIMIGRAVDA"	"SUPERVISION HIGH-RISK PG YOUNG PRIMIGRAVIDA"
"V23.84"	"SUPERVIS HI-RISK PG YOUNG MXIGRAVDA"	"SUPERVISION HIGH-RISK PG YOUNG MULTIGRAVIDA"
"V23.89"	"SUPERVISION OTH HIGH-RISK PREGNANCY"	"SUPERVISION OF OTHER HIGH-RISK PREGNANCY"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"V23.9"	"UNSPECIFIED HIGH-RISK PREGNANCY"	"UNSPECIFIED HIGH-RISK PREGNANCY"
"V24"	"POSTPARTUM CARE AND EXAMINATION"	"POSTPARTUM CARE AND EXAMINATION"
"V24.0"	"PP CARE&EXAM IMMED AFTER DELIV"	"POSTPARTUM CARE&EXAMINATION IMMED AFTER DELIV"
"V24.1"	"PP CARE&EXAMINATION LACTATING MOTH"	"POSTPARTUM CARE&EXAMINATION OF LACTATING MOTHER"
"V24.2"	"ROUTINE POSTPARTUM FOLLOW-UP"	"ROUTINE POSTPARTUM FOLLOW-UP"
"V27"	"OUTCOME OF DELIVERY"	"OUTCOME OF DELIVERY"
"V27.0"	"OUTCOME OF DELIVERY SINGLE LIVEBORN"	"OUTCOME OF DELIVERY SINGLE LIVEBORN"
"V27.1"	"OUTCOME DELIVERY SINGLE STILLBORN"	"OUTCOME OF DELIVERY SINGLE STILLBORN"
"V27.2"	"OUTCOME DELIV TWINS BOTH LIVEBORN"	"OUTCOME OF DELIVERY TWINS BOTH LIVEBORN"
"V27.3"	"OUTCOME DEL TWINS 1 LIVEB&1 STILLB"	"OUTCOME DELIVERY TWINS 1 LIVEBORN& 1 STILLBORN"
"V27.4"	"OUTCOME DELIV TWINS BOTH STILLBORN"	"OUTCOME OF DELIVERY TWINS BOTH STILLBORN"
"V27.5"	"OUTCOME DELIV OTH MX BRTH ALL LIVEB"	"OUTCOME DELIVERY OTH MULTIPLE BIRTH ALL LIVEBORN"
"V27.6"	"OUTCOME DEL OTH MX BRTH SOME LIVEB"	"OUTCOME DELIV OTH MULTIPLE BIRTH SOME LIVEBORN"
"V27.7"	"OUTCOME DEL OTH MX BRTH ALL STILLB"	"OUTCOME DELIV OTH MULTIPLE BIRTH ALL STILLBORN"
"V27.9"	"OUTCOME OF DELIVERY"	UNSPECIFIED"
"V28"	"ANTENATAL SCREENING"	"ANTENATAL SCREENING"
"V28.0"	"ANTENATL SCR CHROMOSOM ANOM-AMNIO"	"ANTENATAL SCREENING CHROMOSOMAL ANOMALIES AMNIO"
"V28.1"	"ANTENATL SCR-HI AFP LEVELS AMNIO FL"	"SCREEN-RAISED AMNIOTIC ALPHA-FETAL PROTEIN LEVEL"
"V28.2"	"OTH ANTENATAL SCREENING BASED AMNIO"	"OTHER ANTENATAL SCREENING BASED ON AMNIOCENTESIS"
"V28.3"	"ANTENATAL SCR MALFORM USING USS"	"ANTENATAL SCREENING MALFORM USING ULTRASONICS"
"V28.4"	"ANTENATL SCR FETAL GROWTH RETARD-US"	"ANTENATAL SCR FETAL GROWTH RETARDATION USING US"
"V28.5"	"ANTENATAL SCREENING ISOIMMUNIZATION"	"ANTENATAL SCREENING FOR ISOIMMUNIZATION"
"V28.6"	"SCREENING OF STREPTOCOCCUS B"	"SCREENING OF STREPTOCOCCUS B"
"V28.8"	"OTHER SPECIFIED ANTENATAL SCREENING"	"OTHER SPECIFIED ANTENATAL SCREENING"
"V28.9"	"UNSPECIFIED ANTENATAL SCREENING"	"UNSPECIFIED ANTENATAL SCREENING"
"V29"	"OBS&EVAL NBS&INFNTS SPCTNOT FOUND"	"OBSERVATION&EVAL NBS&INFNTS SPCT COND NOT FOUND"
"V29.0"	"OBS&EVAL NBS&INFNT INF COND NOT FND"	"OBS&EVAL NBS&INFNTS SPCT INF COND NOT FOUND"
"V29.1"	"OBS&EVAL NB&INFNT NURO COND NOT FND"	"OBS&EVAL NBS&INFNTS SPCT NEURO COND NOT FOUND"
"V29.2"	"OBS&EVAL NB&INFNT RESP COND NOT FND"	"OBS&EVAL NBS&INFNTS SPCT RESP COND NOT FOUND"
"V29.3"	"OBSERVATION SPCT GENETIC/METAB COND"	"OBSERVATION SUSPECTED GENETIC/METABOLIC COND"
"V29.8"	"OBS&EVAL NB&INFNT OTH COND NOT FND"	"OBS&EVAL NBS&INFNTS OTH SPEC SPCT COND NOT FOUND"
"V29.9"	"OBS&EVAL NB&INFNT UNS COND NOT FND"	"OBS&EVAL NBS&INFNTS UNSPEC SPCT COND NOT FOUND"
"V30"	"SINGLE LIVEBORN"	"SINGLE LIVEBORN"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"V30.0"	"SINGLE LIVEBORN	BORN IN HOSPITAL"
"V30.00"	"SINGLE LIVEBORN HOSP W/O C-SEC"	"SINGLE LIVEBORN HOSPITAL W/O C-SECTION"
"V30.01"	"SINGLE LIVEBORN HOSP C-SEC DELIV"	"SINGLE LIVEBORN HOSPITAL DELIV BY C-SECTION"
"V30.1"	"SINGLE LIVEB BEFORE ADMISS HOSP"	"SINGLE LIVEBORN BORN BEFORE ADMISSION HOSPITAL"
"V30.2"	"SINGLE LIVEB OUTSIDE HOSP&NOT HOSP"	"SINGLE LIVEBORN BORN OUTSIDE HOSPITAL&NOT HOSP"
"V31"	"LIVEBORN TWIN MATE LIVEBORN"	"LIVEBORN TWIN BIRTH MATE LIVEBORN"
"V31.0"	"LIVEBORN TWIN-MATE LIVEBORN HOSP"	"LIVEBORN TWIN-MATE LIVEBORN IN HOSPITAL"
"V31.00"	"LIVEB TWIN-MATE LIVEB HOSP WO C-SEC"	"LIVEBORN TWIN-MATE LIVEBORN HOSP W/O C-SEC"
"V31.01"	"LIVEB TWIN-MATE LIVEB HOSP C-SEC"	"LIVEBORN TWIN-MATE LIVEBORN HOSP C-SEC"
"V31.1"	"LIVEB TWIN-MATE LIVEB BEFOR ADMISS"	"LIVEBORN TWIN-MATE LIVEBORN BEFORE ADMISS"
"V31.2"	"LIVEB TWIN-MATE LIVEB-NOT HOSP"	"LIVEBORN TWIN-MATE LIVEBORN OUTSIDE HOSP"
"V32"	"LIVEBORN TWIN-MATE STILLBORN"	"LIVEBORN TWIN- MATE STILLBORN"
"V32.0"	"LIVEBORN TWIN-MATE STILLBORN HOSP"	"LIVEBORN TWIN-MATE STILLBORN HOSPITAL"
"V32.00"	"LIVEBORN TWIN-MATE STILLB-W/O C-SEC"	"LIVEBORN TWIN-MATE STILLBORN HOSP W/O C-SEC"
"V32.01"	"LIVEBTWIN-MATE STILLB-HOSP C-SEC"	"LIVEBORN TWIN-MATE STILLBORN HOSPITAL C-SEC"
"V32.1"	"LIVEB TWIN-MATE STILLB-BEFOR ADMISS"	"LIVEBORN TWIN-MATE STILLBORN BEFORE ADMISS"
"V32.2"	"LIVEBORN TWIN-MATE STILLB-NOT HOSP"	"LIVEBORN TWIN-MATE STILLB OUTSIDE HOSP&NOT HOSP"
"V33"	"LIVEBORN TWIN-UNS MATE LIVEB/STILLB"	"LIVEBORN TWIN UNS WHETHER MATE LIVEBORN/STILLB"
"V33.0"	"LIVEBORN TWIN-UNS MATE-HOSP"	"LIVEBORN TWIN-UNS MATE LIVEBORN/STILLB HOSP"
"V33.00"	"LIVEB TWIN-UNS MATE-HOSP W/O C-SEC"	"LIVEB TWIN-UNS MATE LIVEB/STILLB-HOSP W/O C-SEC"
"V33.01"	"LIVEBORN TWIN-UNS MATE-HOSP C-SEC"	"TWIN UNS MATE STILLB/LIVEB BORN HOS DEL C/S DEL"
"V33.1"	"LIVEB TWIN-UNS MATE-BEFORE ADMISS"	"LIVB TWIN-UNS MATE LIVEB/STILLB-BEFORE ADMISS"
"V33.2"	"LIVEBORN TWIN-UNS MATE-NOT HOSP"	"LIVEB TWIN-UNS MATE LIVEB/STILLB OUTSIDE HOSP"
"V34"	"LIVEBORN OTH MX MATES ALL LIVEBORN"	"LIVEBORN OTH MULTIPLE MATES ALL LIVEBORN"
"V34.0"	"LIVEB OTH MX-MATES ALL LIVEB HOSP"	"LIVEBORN OTH MULTIPLE-MATES LIVEBORN HOSPITAL"
"V34.00"	"LIVEB OTH MX-MATES LIVEB-W/O C-SEC"	"OTH MX MATES ALL LIVEB BORN HOS DEL W/O C/S DEL"
"V34.01"	"LIVEB OTH MX-MATES LIVEB-HOSP C-SEC"	"LIVEBORN OTH MX-MATES LIVEBORN HOSP C-SEC"
"V34.1"	"LIVEB OTH MX-MATES LIVEB BFOR ADM"	"LIVEBORN OTH MX-MATES LIVEBORN BEFOR ADMISSION"
"V34.2"	"LIVEB OTH MX MATES LIVEB-NOT HOSP"	"LIVEBORN OTH MX-MATES LIVEBORN OUTSIDE HOSP"
"V35"	"LIVEBORN OTH MX MATES ALL STILLBORN"	"LIVEBORN OTHER MULTIPLE MATES ALL STILLBORN"
"V35.0"	"LIVEBORN OTH MX-MATES STILLB HOSP"	"LIVEBORN OTH MX-MATES ALL STILLBORN HOSPITAL"
"V35.00"	"LIVEB OTH MX-MATES STILLB-W/O C-SEC"	"LIVEBORN OTH MX-MATES STILLB HOSP W/O C-SEC"
"V35.01"	"LIVEB OTH MX-MATES STILLB-HOS C-SEC"	"LIVEBORN OTH MX-MATES STILLBORN HOSP C-SEC"
"V35.1"	"LIVEB OTH MX-MATES STILLB-BEFOR ADM"	"LIVEBORN OTH MX-MATES STILLB BEFORE ADMISSION"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"V35.2"	"LIVEB OTH MX- MATES STILLB-NOT HOSP"	"LIVEBORN OTH MX-MATES STILLB OUTSIDE HOSP"
"V36"	"LIVEBORN OTH MX-MATES LIVEB&STILLB"	"LIVEBORN OTH MULTIPLE-MATES LIVEBORN&STILLBORN"
"V36.0"	"LIVEB OTH MX-MATES LIVEB&STILLB HOS"	"LIVEBORN OTH MX-MATES LIVEB&STILLB IN HOSPITAL"
"V36.00"	"LIVEB OTH MX-LIVEB&STILLB-W/O C-SEC"	"LIVEB OTH MX-MATES LIVEB&STILLB HOSP W/O C-SEC"
"V36.01"	"LIVEB OTH MX-LIVEB&STILLB-HOSP C-SE"	"LIVEBORN OTH MX-MATES LIVEB&STILLB HOSP C-SEC"
"V36.1"	"LIVEB OTH MX-LIVEB&STILLB-BFOR ADMI"	"LIVEB OTH MX-MATES LIVEB&STILLB BEFORE ADMISS"
"V36.2"	"LIVEB OTH MX-LIVEB&STILLB-OUT HOSP"	"LIVEB OTH MX-MATES LIVEB&STILLB OUTSIDE HOSP"
"V37"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB"	"LIVEBORN OTH MX-UNS WHETHER MATES LIVEB/STILLB"
"V37.0"	"LIVEBORN OTH MX UNS-IN HOSP"	"LIVEBORN OTH MX-UNS MATES STILLB/LIVEB IN HOSP"
"V37.00"	"LIVEB OTH MX UNS-IN HOSP W/O C-SEC"	"LIVEB OTH MX-UNS MATE LIVEB/STILLB-HOSP WO C-SEC"
"V37.01"	"LIVEBORN OTH MX UNS IN HOSP C-SEC"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB HOSP C-SEC"
"V37.1"	"LIVEB OTH MX UNS-BEFORE ADMISSION"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB BEFOR ADMISS"
"V37.2"	"LIVEBORN OTH MX UNS-OUTSIDE HOSP"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB OUTSIDE HOSP"
"V39"	"LIVEB UNSPEC WHETHER SINGLE TWIN/MX"	"LIVEBORN UNSPEC WHETHER SINGLE TWIN/MULTIPLE"
"V39.0"	"LIVEBORN UNS 1 TWIN/MX BORN HOSP"	"LIVEBORN UNSPEC SINGLE TWIN/MX BORN HOSPITAL"
"V39.00"	"LIVEBORN UNS-IN HOSP W/O C-SEC"	"LIVEBORN UNS SINGLE TWIN/MX IN HOSP W/O C-SEC"
"V39.01"	"LIVEBORN UNS IN HOSP C-SEC"	"LIVEBORN UNS SINGLE TWIN/MX IN HOSP C-SEC"
"V39.1"	"LIVEBORN UNS-BEFORE ADMISSION"	"LIVEBORN UNS SINGLE TWIN/MX BEFORE ADMISSION"
"V39.2"	"LIVEBORN UNS-OUTSIDE HOSP"	"LIVEBORN UNS SINGLE TWIN/MX OUTSIDE HOSP"
"630"	"HYDATIDIFORM MOLE"	"HYDATIDIFORM MOLE"
"631"	"OTHER ABNORMAL PRODUCT CONCEPTION"	"OTHER ABNORMAL PRODUCT OF CONCEPTION"
"632"	"MISSED ABORTION"	"MISSED ABORTION"
"633"	"ECTOPIC PREGNANCY"	"ECTOPIC PREGNANCY"
"633.0"	"ABDOMINAL PREGNANCY"	"ABDOMINAL PREGNANCY"
"633.00"	"ABD PG WITHOUT INTRAUTERINE PG"	"ABD PREGNANCY WITHOUT INTRAUTERINE PREGNANCY"
"633.01"	"ABD PG W/INTRAUTERINE PG"	"ABDOMINAL PREGNANCY WITH INTRAUTERINE PREGNANCY"
"633.1"	"TUBAL PREGNANCY"	"TUBAL PREGNANCY"
"633.10"	"TUBAL PG WITHOUT INTRAUTERINE PG"	"TUBAL PREGNANCY WITHOUT INTRAUTERINE PREGNANCY"
"633.11"	"TUBAL PG W/INTRAUTERINE PG"	"TUBAL PREGNANCY WITH INTRAUTERINE PREGNANCY"
"633.2"	"OVARIAN PREGNANCY"	"OVARIAN PREGNANCY"
"633.20"	"OVARIAN PG WITHOUT INTRAUTERINE PG"	"OVARIAN PREGNANCY WITHOUT INTRAUTERINE PREGNANCY"
"633.21"	"OVARIAN PG W/INTRAUTERINE PG"	"OVARIAN PREGNANCY WITH INTRAUTERINE PREGNANCY"
"633.8"	"OTHER ECTOPIC PREGNANCY"	"OTHER ECTOPIC PREGNANCY"
"633.80"	"OTH ECTOPIC PG W/O INTRAUTERINE PG"	"OTH ECTOPIC PG WITHOUT INTRAUTERINE PG"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"633.81"	"OTH ECTOPIC PG W/INTRAUTERINE PG"	"OTHER ECTOPIC PREGNANCY W/INTRAUTERINE PREGNANCY"
"633.9"	"UNSPECIFIED ECTOPIC PREGNANCY"	"UNSPECIFIED ECTOPIC PREGNANCY"
"633.90"	"UNS ECTOPIC PG W/O INTRAUTERINE PG"	"UNSPEC ECTOPIC PG WITHOUT INTRAUTERINE PG"
"633.91"	"UNSPEC ECTOPIC PG W/INTRAUTERINE PG"	"UNSPEC ECTOPIC PG W/INTRAUTERINE PG"
"634"	"SPONTANEOUS ABORTION"	"SPONTANEOUS ABORTION"
"634.0"	"SPONT AB COMP GENIT TRACT&PELV INF"	"SPONTANEOUS AB COMP GENITAL TRACT&PELVIC INF"
"634.00"	"UN SAB COMP GENIT TRACT&PELV INF"	"UNSPEC SPONT AB COMP GENITAL TRACT&PELV INF"
"634.01"	"INCPLAB COMP GENIT TRACT&PELV INF"	"INCPL SPONTANEOUS AB COMP GENITAL TRACT&PELV INF"
"634.02"	"CMPLAB COMP GENIT TRACT&PELV INF"	"COMPLETE SPONT AB COMP GENITAL TRACT&PELV INF"
"634.1"	"SPONT AB COMP DELAY/EXCESS HEMORR"	"SPONTANEOUS AB COMP DELAY/EXCESSIVE HEMORRHAGE"
"634.10"	"UNS SPONT AB COMP DELAY/XCESS HEMOR"	"UNSPEC SPONTANEOUS AB COMP DELAY/EXCESS HEMORR"
"634.11"	"INCPLAB COMP DELAY/XCESS HEMOR"	"INCPL SPONTANEOUS AB COMP DELAY/EXCESS HEMORR"
"634.12"	"CMPLAB COMP DELAY/XCESS HEMOR"	"COMPLETE SPONTANEOUS AB COMP DELAY/EXCESS HEMORR"
"634.2"	"SPONT AB COMP DAMGE PELV ORGN/TISS"	"SPONTANEOUS AB COMP DAMAGE PELVIC ORGANS/TISSUES"
"634.20"	"UN SAB COMP DAMGE PELV ORGN/TISS"	"UNSPEC SPONT AB COMP DAMGE PELV ORGN/TISSUES"
"634.21"	"INCPLAB COMP DAMGE PELV ORGN/TISS"	"INCPL SPONT AB COMP DAMGE PELV ORGN/TISSUES"
"634.22"	"CMPLAB COMP DAMGE PELV ORGN/TISS"	"COMPLETE SPONT AB COMP DAMGE PELV ORGN/TISSUES"
"634.3"	"SPONTANEOUS AB COMP RENAL FAILURE"	"SPONTANEOUS ABORTION COMPLICATED RENAL FAILURE"
"634.30"	"UNSPEC SPONT AB COMP RENAL FAIL"	"UNSPEC SPONTANEOUS AB COMPLICATED RENAL FAILURE"
"634.31"	"INCPL SPONT AB COMP RENAL FAIL"	"INCOMPLETE SPONTANEOUS AB COMP RENAL FAILURE"
"634.32"	"COMPLETE SPONT AB COMP RENAL FAIL"	"COMPLETE SPONTANEOUS AB COMP RENAL FAILURE"
"634.4"	"SPONTANEOUS AB COMP METAB DISORDER"	"SPONTANEOUS AB COMPLICATED METABOLIC DISORDER"
"634.40"	"UNSPEC SPONT AB COMP METAB DISORDER"	"UNSPEC SPONTANEOUS AB COMP METABOLIC DISORDER"
"634.41"	"INCPL SPONT AB COMP METAB DISORDER"	"INCPL SPONTANEOUS AB COMP METABOLIC DISORDER"
"634.42"	"CMPL SPONT AB COMP METAB DISORDER"	"COMPLETE SPONTANEOUS AB COMP METABOLIC DISORDER"
"634.5"	"SPONTANEOUS AB COMPLICATED SHOCK"	"SPONTANEOUS ABORTION COMPLICATED BY SHOCK"
"634.50"	"UNSPEC SPONTANEOUS AB COMP SHOCK"	"UNSPEC SPONTANEOUS ABORTION COMPLICATED SHOCK"
"634.51"	"INCPL SPONTANEOUS AB COMP SHOCK"	"INCOMPLETE SPONTANEOUS AB COMPLICATED SHOCK"
"634.52"	"COMPLETE SPONTANEOUS AB COMP SHOCK"	"COMPLETE SPONTANEOUS ABORTION COMPLICATED SHOCK"
"634.6"	"SPONTANEOUS AB COMPLICATED EMBOLISM"	"SPONTANEOUS ABORTION COMPLICATED BY EMBOLISM"
"634.60"	"UNSPEC SPONTANEOUS AB COMP EMBOLISM"	"UNSPEC SPONTANEOUS ABORTION COMPLICATED EMBOLISM"
"634.61"	"INCOMPLETE SPONTANEOUS AB COMP EMBO"	"INCOMPLETE SPONTANEOUS AB COMPLICATED EMBOLISM"
"634.62"	"COMPLETE SPONTANEOUS AB COMP EMBO"	"COMPLETE SPONTANEOUS AB COMPLICATED EMBOLISM"
"634.7"	"SPONTANEOUS AB W/OTH SPEC COMPS"	"SPONTANEOUS ABORTION W/OTHER SPEC COMPLICATIONS"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"634.70"	"UNSPEC SPONT AB W/OTH SPEC COMPS"	"UNSPEC SPONTANEOUS AB W/OTH SPEC COMPLICATIONS"
"634.71"	"INCPL SPONT AB W/OTH SPEC COMPS"	"INCOMPLETE SPONTANEOUS AB W/OTH SPEC COMPS"
"634.72"	"COMPLETE SPONT AB W/OTH SPEC COMPS"	"COMPLETE SPONTANEOUS AB W/OTH SPEC COMPLICATIONS"
"634.8"	"SPONTANEOUS AB W/UNSPEC COMP"	"SPONTANEOUS ABORTION W/UNSPECIFIED COMPLICATION"
"634.80"	"UNSPEC SPONTANEOUS AB W/UNSPEC COMP"	"UNSPEC SPONTANEOUS AB W/UNSPEC COMPLICATION"
"634.81"	"INCPL SPONTANEOUS AB W/UNSPEC COMP"	"INCOMPLETE SPONTANEOUS AB W/UNSPEC COMPLICATION"
"634.82"	"COMPLETE SPONT AB W/UNSPEC COMP"	"COMPLETE SPONTANEOUS AB W/UNSPEC COMPLICATION"
"634.9"	"SPONTANEOUS AB WITHOUT MENTION COMP"	"SPONTANEOUS AB WITHOUT MENTION COMPLICATION"
"634.90"	"UNSPEC SPONT AB W/O MENTION COMP"	"UNSPEC SPONTANEOUS AB WITHOUT MENTION COMP"
"634.91"	"INCPL SPONT AB WITHOUT MENTION COMP"	"INCOMPLETE SPONTANEOUS AB WITHOUT MENTION COMP"
"634.92"	"COMPLETE SPONT AB W/O MENTION COMP"	"COMPLETE SPONTANEOUS AB WITHOUT MENTION COMP"
"635"	"LEGALLY INDUCED ABORTION"	"LEGALLY INDUCED ABORTION"
"635.0"	"LEGAL AB COMPL GENIT TRACT&PELV INF"	"LEGALLY INDUCD AB COMPL GENITAL TRACT&PELVIC INF"
"635.00"	"UNS LEGL AB COMPL GEN TRCT&PELV INF"	"UNSPEC LEGL INDUCD AB COMPL GENIT TRACT&PELV INF"
"635.01"	"INCPL LEGL AB COMPL GENIT&PELV INF"	"INCOMPL LEGL INDUCD AB COMPL GENIT TRCT&PELV INF"
"635.02"	"CMPL LEGL AB COMPL GENITAL&PELV INF"	"CMPL LEGL INDUCD AB COMPL GENITAL TRACT&PELV INF"
"635.1"	"LEGL AB COMPL DELAY/EXCESS HEMORR"	"LEGALLY INDUCED AB COMPL DELAY/EXCESS HEMORRHAGE"
"635.10"	"UNS LEGL AB COMPL DELAY/EXCESS HEM"	"UNSPEC LEGL INDUCD AB COMPL DELAY/EXCESS HEMORR"
"635.11"	"INCPL LEGL AB COMPL DELAY/XCSS HEM"	"INCOMPL LEGL INDUCD AB COMPL DELAY/EXCESS HEMORR"
"635.12"	"CMPL LEGL AB COMPL DELAY/EXCESS HEM"	"CMPL LEGL INDUCD AB COMPL DELAY/EXCESS HEMORR"
"635.2"	"LEGL AB COMPL DAMGE PELV ORGN/TISS"	"LEGL INDUCD AB COMPL DAMGE PELVIC ORGANS/TISSUES"
"635.20"	"UNS LEGL AB COMPL DAMGE PELV ORGN"	"UNSPEC LEGL INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"635.21"	"LEGL AB COMPL DMGE PELV ORGN INCPL"	"LEGL INDUCD AB COMPL DAMGE PELV ORGN/TISS INCPL"
"635.22"	"CMPL LEGL AB COMPL DAMGE PELV ORGN"	"CMPL LEGL INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"635.3"	"LEGALLY INDUCED AB COMP RENAL FAIL"	"LEGALLY INDUCED AB COMPLICATED RENAL FAILURE"
"635.30"	"UNS LEGL INDUCD AB COMP RENL FAIL"	"UNSPEC LEGALLY INDUCED AB COMP RENAL FAILURE"
"635.31"	"INCPL LEGL INDUCD AB COMP RENL FAIL"	"INCOMPLETE LEGALLY INDUCED AB COMP RENAL FAILURE"
"635.32"	"CMPL LEGL INDUCD AB COMP RENAL FAIL"	"COMPLETE LEGALLY INDUCED AB COMP RENAL FAILURE"
"635.4"	"LEGL INDUCD AB COMP METAB DISORDER"	"LEGALLY INDUCED AB COMP METABOLIC DISORDER"
"635.40"	"UNS LEGL INDUCD AB COMP METAB D/O"	"UNSPEC LEGALLY INDUCD AB COMP METABOLIC DISORDER"
"635.41"	"INCPL LEGL INDUCD AB COMP METAB D/O"	"INCOMPLETE LEGALLY INDUCED AB COMP METABOLIC DISORDER"
"635.42"	"CMPL LEGL INDUCD AB COMP METAB D/O"	"COMPLETE LEGAL INDUCD AB COMP METABOLIC DISORDER"
"635.5"	"LEGALLY INDUCED AB COMP SHOCK"	"LEGALLY INDUCED ABORTION COMPLICATED BY SHOCK"
"635.50"	"UNSPEC LEGALLY INDUCD AB COMP SHOCK"	"UNSPEC LEGALLY INDUCED AB COMPLICATED SHOCK"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"635.51"	"LEGALLY INDUCED AB COMP SHOCK INCPL"	"LEGALLY INDUCED AB COMPLICATED SHOCK INCOMPLETE"
"635.52"	"COMPLETE LEGL INDUCD AB COMP SHOCK"	"COMPLETE LEGALLY INDUCED AB COMPLICATED SHOCK"
"635.6"	"LEGALLY INDUCED AB COMP EMBOLISM"	"LEGALLY INDUCED ABORTION COMPLICATED BY EMBOLISM"
"635.60"	"UNSPEC LEGALLY INDUCED AB COMP EMBO"	"UNSPEC LEGALLY INDUCED AB COMPLICATED EMBOLISM"
"635.61"	"INCPL LEGALLY INDUCED AB COMP EMBO"	"INCOMPLETE LEGALLY INDUCED AB COMP EMBOLISM"
"635.62"	"COMPLETE LEGL INDUCD AB COMP EMBO"	"COMPLETE LEGALLY INDUCED AB COMPLICATED EMBOLISM"
"635.7"	"LEGALLY INDUCED AB W/OTH SPEC COMPS"	"LEGALLY INDUCED AB W/OTH SPEC COMPLICATIONS"
"635.70"	"UNS LEGL INDUCD AB W/OTH SPEC COMPS"	"UNSPEC LEGALLY INDUCED AB W/OTH SPEC COMPS"
"635.71"	"INCPL LEGL INDUCD AB W/OTH COMPS"	"INCOMPLETE LEGALLY INDUCED AB W/OTH SPEC COMPS"
"635.72"	"CMPL LEGL INDUCD AB W/OTH COMPS"	"COMPLETE LEGALLY INDUCED AB W/OTH SPEC COMPS"
"635.8"	"LEGALLY INDUCED AB W/UNSPEC COMP"	"LEGALLY INDUCED ABORTION W/UNSPEC COMPLICATION"
"635.80"	"UNSPEC LEGL INDUCD AB W/UNSPEC COMP"	"UNSPEC LEGALLY INDUCED AB W/UNSPEC COMPLICATION"
"635.81"	"INCPL LEGL INDUCD AB W/UNSPEC COMP"	"INCOMPLETE LEGALLY INDUCED AB W/UNSPEC COMP"
"635.82"	"CMPL LEGL INDUCD AB W/UNSPEC COMP"	"COMPLETE LEGALLY INDUCED AB W/UNSPEC COMP"
"635.9"	"LEGL INDUCD AB WITHOUT MENTION COMP"	"LEGALLY INDUCED AB WITHOUT MENTION COMPLICATION"
"635.90"	"UNS LEGL INDUCD AB W/O MENTION COMP"	"UNSPEC LEGALLY INDUCED AB WITHOUT MENTION COMP"
"635.91"	"INCPL LEGL INDUCD AB W/O COMP"	"INCPL LEGALLY INDUCED AB WITHOUT MENTION COMP"
"635.92"	"CMPL LEGL INDUCD AB W/O COMP"	"COMPLETE LEGALLY INDUCED AB WITHOUT MENTION COMP"
"636"	"ILLEGALLY INDUCED ABORTION"	"ILLEGALLY INDUCED ABORTION"
"636.0"	"ILEG AB COMP GENIT TRACT&PELVIC INF"	"ILEG INDUCD AB COMPL GENIT TRACT&PELVIC INF"
"636.00"	"UNS ILEG AB COMPL GEN TRCT&PELV INF"	"UNS ILEG AB COMPL GENIT TRACT&PELV INF"
"636.01"	"INCMPL ILEG AB COMPL GENIT&PELV INF"	"INCOMPL ILEG AB COMPL GEN TRACT&PELV INF"
"636.02"	"CMPL ILEG AB COMPL GENITAL&PELV INF"	"CMPL ILEG INDUCD AB COMPL GENITAL TRACT&PELV INF"
"636.1"	"ILEG AB COMPL DELAY/EXCESS HEMORR"	"ILEG INDUCED AB COMPL DELAY/EXCESSIVE HEMORR"
"636.10"	"UNS ILEG AB COMPL DELAY/EXCESS HEM"	"UNSPEC ILEG INDUCED AB COMPL DELAY/EXCESS HEMORR"
"636.11"	"INCMPL ILEG AB COMPL DELAY/XCSS HEM"	"INCOMPL ILEG INDUCD AB COMPL DELAY/EXCESS HEMORR"
"636.12"	"CMPL ILEG AB COMPL DELAY/EXCESS HEM"	"CMPL ILEG INDUCD AB COMPL DELAY/EXCESS HEMORR"
"636.2"	"ILEG AB COMPL DAMGE PELV ORGN/TISS"	"ILEG INDUCED AB COMPL DAMGE PELVIC ORGANS/TISSUE"
"636.20"	"UNS ILEG AB COMPL DAMGE PELV ORGN"	"UNSPEC ILEG INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"636.21"	"INCMPL ILEG AB COMPL DMGE PELV ORGN"	"INCMPL ILEG INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"636.22"	"CMPL ILEG AB COMPL DAMGE PELV ORGN"	"CMPL ILEG INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"636.3"	"ILEG INDUCED AB COMP RENAL FAIL"	"ILLEGALLY INDUCED AB COMPLICATED RENAL FAILURE"
"636.30"	"UNS ILEG INDUCD AB COMP RENL FAIL"	"UNSPEC ILLEGALLY INDUCED AB COMP RENAL FAILURE"
"636.31"	"INCPL ILEG INDUCD AB COMP RENL FAIL"	"INCOMPLETE ILLEGALLY INDUCED AB COMP RENAL FAIL"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"636.32"	"CMPL ILEG INDUCD AB COMP RENAL FAIL"	"COMPLETE ILLEGALLY INDUCED AB COMP RENAL FAILURE"
"636.4"	"ILEG INDUCD AB COMP METAB DISORDER"	"ILLEGALLY INDUCED AB COMP METABOLIC DISORDER"
"636.40"	"UNS ILEG AB COMPL METABOLIC D/O"	"UNSPEC ILEG INDUCED AB COMPL METABOLIC D/O"
"636.41"	"INCPL ILEG INDUCD AB COMP METAB D/O"	"INCOMPL ILEG INDUCED AB COMPL METABOLIC DISORDER"
"636.42"	"CMPL ILEG INDUCD AB COMP METAB D/O"	"COMPLETE ILEG INDUCED AB COMP METABOLIC DISORDER"
"636.5"	"ILLEGALLY INDUCED AB COMP SHOCK"	"ILLEGALLY INDUCED ABORTION COMPLICATED BY SHOCK"
"636.50"	"UNSPEC ILEG INDUCED AB COMP SHOCK"	"UNSPEC ILLEGALLY INDUCED AB COMPLICATED SHOCK"
"636.51"	"INCPL ILEG INDUCED AB COMP SHOCK"	"INCOMPLETE ILLEGALLY INDUCED AB COMP SHOCK"
"636.52"	"COMPLETE ILEG INDUCED AB COMP SHOCK"	"COMPLETE ILLEGALLY INDUCED AB COMPLICATED SHOCK"
"636.6"	"ILLEGALLY INDUCED AB COMP EMBOLISM"	"ILLEGALLY INDUCED ABORTION COMPLICATED EMBOLISM"
"636.60"	"UNSPEC ILEG INDUCED AB COMP EMBO"	"UNSPEC ILLEGALLY INDUCED AB COMPLICATED EMBOLISM"
"636.61"	"INCPL ILEG INDUCED AB COMP EMBO"	"INCOMPLETE ILLEGALLY INDUCED AB COMP EMBOLISM"
"636.62"	"COMPLETE ILEG INDUCED AB COMP EMBO"	"COMPLETE ILLEGALLY INDUCED AB COMP EMBOLISM"
"636.7"	"ILEG INDUCED AB W/OTH SPEC COMPS"	"ILLEGALLY INDUCED AB W/OTH SPEC COMPLICATIONS"
"636.70"	"UNS ILEG INDUCD AB W/OTH SPEC COMPS"	"UNSPEC ILLEGALLY INDUCED AB W/OTH SPEC COMPS"
"636.71"	"INCPL ILEG INDUCD AB W/OTH COMPS"	"INCOMPLETE ILLEGALLY INDUCED AB W/OTH SPEC COMPS"
"636.72"	"CMPL ILEG INDUCD AB W/OTH COMPS"	"COMPLETE ILLEGALLY INDUCED AB W/OTH SPEC COMPS"
"636.8"	"ILLEGALLY INDUCED AB W/UNSPEC COMP"	"ILLEGALLY INDUCED ABORTION W/UNSPEC COMPLICATION"
"636.80"	"UNSPEC ILEG INDUCD AB W/UNSPEC COMP"	"UNSPEC ILLEGALLY INDUCED AB W/UNSPEC COMP"
"636.81"	"INCPL ILEG INDUCED AB W/UNSPEC COMP"	"INCOMPLETE ILLEGALLY INDUCED AB W/UNSPEC COMP"
"636.82"	"CMPL ILEG INDUCD AB W/UNSPEC COMP"	"COMPLETE ILLEGALLY INDUCED AB W/UNSPEC COMP"
"636.9"	"ILEG INDUCD AB WITHOUT MENTION COMP"	"ILLEGALLY INDUCED AB WITHOUT MENTION COMP"
"636.90"	"UNS ILEG INDUCD AB W/O MENTION COMP"	"UNSPEC ILLEGALLY INDUCED AB WITHOUT MENTION COMP"
"636.91"	"INCPL ILEG INDUCD AB W/O COMP"	"INCOMPLETE ILEG INDUCED AB WITHOUT MENTION COMP"
"636.92"	"CMPL ILEG INDUCD AB W/O COMP"	"COMPLETE ILEG INDUCED AB WITHOUT MENTION COMP"
"637"	"LEGALLY UNSPECIFIED ABORTION"	"LEGALLY UNSPECIFIED ABORTION"
"637.0"	"LEGL UNS AB COMP GNT TRACT&PELV INF"	"LEGALLY UNSPEC AB COMP GENITAL TRACT&PELVIC INF"
"637.00"	"AB UNS-CMPL/LEGL COMPL GEN&PELV INF"	"AB UNS AS CMPL/LEGL COMPL GENIT TRACT&PELV INF"
"637.01"	"LEGL UNS AB INCMPL COMPL PELV INF"	"LEGL UNS AB INCOMPL COMPL GENIT TRACT&PELV INF"
"637.02"	"LEGL UNS AB CMPL COMPL GEN&PELV INF"	"LEGL UNS AB CMPL COMPL GENITAL TRACT&PELV INF"
"637.1"	"LEGL UNS AB COMP DELAY/XCESS HEMORR"	"LEGALLY UNSPEC AB COMP DELAY/EXCESS HEMORRHAGE"
"637.10"	"AB UNS CMPL/LEGL COMPL DELAY HEM"	"AB UNS AS CMPL/LEGL COMPL DELAY/EXCESS HEMORR"
"637.11"	"LEGL UNS AB INCMPL COMPL DELAY HEM"	"LEGL UNS AB INCOMPL COMPL DELAY/EXCESS HEMORR"
"637.12"	"LEGL UNS AB CMPL COMPL DELAY HEM"	"LEGL UNS AB COMPLETE COMPL DELAY/EXCESS HEMORR"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"637.2"	"LEGL UNS AB COMPL DAMGE PELV ORGN"	"LEGL UNS AB COMPL DAMGE PELVIC ORGANS/TISSUES"
"637.20"	"AB UNS CMPL/LEGL COMPL DAMGE PELVIC"	"AB UNS AS CMPL/LEGL COMPL DAMGE PELV ORGN/TISS"
"637.21"	"LEGL UNS AB INCMPL COMPL DAMGE PELV"	"LEGL UNS AB INCOMPL COMPL DAMGE PELV ORGN/TISS"
"637.22"	"LEGL UNS AB CMPL COMPL DAMGE PELV"	"LEGL UNS AB CMPL COMPL DAMGE PELV ORGN/TISS"
"637.3"	"LEGALLY UNSPEC AB COMP RENAL FAIL"	"LEGALLY UNSPEC AB COMPLICATED RENAL FAILURE"
"637.30"	"AB UNS AS CMPL/LEGL COMP RENL FAIL"	"AB UNSPEC AS CMPL/LEGALITY COMP RENAL FAILURE"
"637.31"	"LEGL UNSPEC AB INCPL COMP RENL FAIL"	"LEGALLY UNSPEC AB INCOMPLETE COMP RENAL FAILURE"
"637.32"	"LEGL UNSPEC AB CMPL COMP RENAL FAIL"	"LEGALLY UNSPEC AB COMPLETE COMP RENAL FAILURE"
"637.4"	"LEGL UNSPEC AB COMP METAB DISORDER"	"LEGALLY UNSPEC AB COMPLICATED METABOLIC DISORDER"
"637.40"	"AB UNS CMPLNESS/LEGL COMP METAB D/O"	"AB UNSPEC AS CMPLNESS/LEGL COMP METAB DISORDER"
"637.41"	"LEGL UNSPEC AB INCPL COMP METAB D/O"	"LEGALLY UNSPEC AB INCPL COMP METABOLIC DISORDER"
"637.42"	"LEGL UNSPEC AB CMPL COMP METAB D/O"	"LEGL UNSPEC AB COMPLETE COMP METABOLIC DISORDER"
"637.5"	"LEGALLY UNSPEC AB COMPLICATED SHOCK"	"LEGALLY UNSPECIFIED ABORTION COMPLICATED SHOCK"
"637.50"	"AB UNSPEC AS CMPL/LEGL COMP SHOCK"	"AB UNSPEC AS CMPL/LEGALITY COMPLICATED SHOCK"
"637.51"	"LEGALLY UNSPEC AB INCPL COMP SHOCK"	"LEGALLY UNSPEC AB INCOMPLETE COMPLICATED SHOCK"
"637.52"	"LEGL UNSPEC AB COMPLETE COMP SHOCK"	"LEGALLY UNSPEC AB COMPLETE COMPLICATED SHOCK"
"637.6"	"LEGALLY UNSPEC AB COMP EMBOLISM"	"LEGALLY UNSPEC ABORTION COMPLICATED EMBOLISM"
"637.60"	"AB UNSPEC AS CMPL/LEGL COMP EMBO"	"AB UNSPEC AS CMPL/LEGALITY COMPLICATED EMBOLISM"
"637.61"	"LEGALLY UNSPEC AB INCPL COMP EMBO"	"LEGALLY UNSPEC AB INCOMPLETE COMP EMBOLISM"
"637.62"	"LEGL UNSPEC AB COMPLETE COMP EMBO"	"LEGALLY UNSPEC AB COMPLETE COMPLICATED EMBOLISM"
"637.7"	"LEGALLY UNSPEC AB W/OTH SPEC COMPS"	"LEGALLY UNSPEC ABORTION W/OTH SPEC COMPLICATIONS"
"637.70"	"AB UNS CMPL/LEGL W/OTH SPEC COMPS"	"AB UNSPEC AS CMPL/LEGALITY W/OTH SPEC COMPS"
"637.71"	"LEGL UNS AB INCPL W/OTH SPEC COMPS"	"LEGALLY UNSPEC AB INCOMPLETE W/OTH SPEC COMPS"
"637.72"	"LEGL UNS AB CMPL W/OTH SPEC COMPS"	"LEGALLY UNSPEC AB COMPLETE W/OTH SPEC COMPS"
"637.8"	"LEGALLY UNSPEC AB W/UNSPEC COMP"	"LEGALLY UNSPEC ABORTION W/UNSPEC COMPLICATION"
"637.80"	"AB UNS AS CMPL/LEGL W/UNSPEC COMP"	"AB UNSPEC AS CMPL/LEGALITY W/UNSPEC COMPLICATION"
"637.81"	"LEGL UNSPEC AB INCPL W/UNSPEC COMP"	"LEGALLY UNSPEC AB INCOMPLETE W/UNSPEC COMP"
"637.82"	"LEGL UNSPEC AB CMPL W/UNSPEC COMP"	"LEGALLY UNSPEC AB COMPLETE W/UNSPEC COMPLICATION"
"637.9"	"LEGL UNSPEC AB WITHOUT MENTION COMP"	"LEGALLY UNSPEC AB WITHOUT MENTION COMPLICATION"
"637.90"	"UNS TYPE AB UNS CMPL/LEGL W/O COMP"	"UNS TYPE AB UNS AS CMPL/LEGL W/O MENTION COMP"
"637.91"	"LEGL UNS AB INCPL W/O MENTION COMP"	"LEGALLY UNSPEC AB INCPL WITHOUT MENTION COMP"
"637.92"	"LEGL UNS AB CMPL W/O MENTION COMP"	"LEGALLY UNSPEC AB COMPLETE WITHOUT MENTION COMP"
"638"	"FAILED ATTEMPTED ABORTION"	"FAILED ATTEMPTED ABORTION"
"638.0"	"FAILD ATTMP AB COMPL GEN&PELV INF"	"FAILD ATTEMP AB COMP GENITAL TRACT&PELVIC INF"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"638.1"	"FAILATMPT AB COMP DELAY/XCESS HEMOR"	"FAILED ATTEMP AB COMP DELAY/EXCESSIVE HEMORRHAGE"
"638.2"	"FAILD ATTMP AB COMPL DMGE PELV ORGN"	"FAILD ATTEMP AB COMP DAMGE PELVIC ORGANS/TISSUES"
"638.3"	"FAILED ATTEMP AB COMPL RENAL FAILUR"	"FAILED ATTEMPTED AB COMPLICATED RENAL FAILURE"
"638.4"	"FAILD ATTEMP AB COMPL METAB D/O"	"FAILED ATTEMP AB COMPLICATED METABOLIC DISORDER"
"638.5"	"FAILED ATTEMP AB COMPLICATED SHOCK"	"FAILED ATTEMPTED ABORTION COMPLICATED BY SHOCK"
"638.6"	"FAILED ATTEMP AB COMPL EMBOLISM"	"FAILED ATTEMPTED ABORTION COMPLICATED EMBOLISM"
"638.7"	"FAILED ATTEMP AB W/OTH SPEC COMPL"	"FAILED ATTEMPTED AB W/OTH SPEC COMPLICATION"
"638.8"	"FAILED ATTEMP AB W/UNSPEC COMP"	"FAILED ATTEMPTED ABORTION W/UNSPEC COMPLICATION"
"638.9"	"FAILED ATTEMP AB W/O MENTION COMPL"	"FAILED ATTEMPTED AB WITHOUT MENTION COMPLICATION"
"639"	"COMPS FOLLOW AB/ECTOPIC&MOLAR PG"	"COMPS FOLLOWING AB/ECTOPIC&MOLAR PREGNANCIES"
"639.0"	"GENIT&PELV INF FLW AB/ECTOP&MOLR PG"	"GENIT TRACT&PELV INF FOLLOW AB/ECTOPIC&MOLAR PG"
"639.1"	"DLAY/XCESS HEM FLW AB/ECTOP&MOLR PG"	"DELAY/EXCESS HEMORR FOLLOW AB/ECTOPIC&MOLAR PG"
"639.2"	"DMGE PELV ORGN FLW AB/ECTOP&MOLR PG"	"DAMGE PELV ORGN&TISS FOLLOW AB/ECTOPIC&MOLAR PG"
"639.3"	"RENAL FAIL FOLLOW AB/ECTOP&MOLAR PG"	"RENAL FAIL FOLLOW AB/ECTOPIC&MOLAR PREGNANCIES"
"639.4"	"METAB D/O FOLLOW AB/ECTOP&MOLAR PG"	"METAB D/O FOLLOW AB/ECTOPIC&MOLAR PREGNANCIES"
"639.5"	"SHOCK FOLLOW AB/ECTOPIC&MOLAR PG"	"SHOCK FOLLOWING AB/ECTOPIC&MOLAR PREGNANCIES"
"639.6"	"EMBO FOLLOW AB/ECTOPIC&MOLAR PG"	"EMBOLISM FOLLOWING AB/ECTOPIC&MOLAR PREGNANCIES"
"639.8"	"OTH SPEC COMP FLW AB/ECTOP&MOLAR PG"	"OTH SPEC COMP FOLLOW AB/ECTOPIC&MOLAR PG"
"639.9"	"UNS COMP FOLLOW AB/ECTOPIC&MOLAR PG"	"UNSPEC COMP FOLLOW AB/ECTOPIC&MOLAR PREGNANCIES"
"64"	"OPERATIONS ON PENIS"	"OPERATIONS ON PENIS"
"64.0"	"CIRCUMCISION"	"CIRCUMCISION"
"64.1"	"DIAGNOSTIC PROCEDURES ON THE PENIS"	"DIAGNOSTIC PROCEDURES ON THE PENIS"
"64.11"	"BIOPSY OF PENIS"	"BIOPSY OF PENIS"
"64.19"	"OTHER DIAGNOSTIC PROCEDURES PENIS"	"OTHER DIAGNOSTIC PROCEDURES ON PENIS"
"64.2"	"LOCAL EXCISION/DESTRUC LESION PENIS"	"LOCAL EXCISION OR DESTRUCTION OF LESION OF PENIS"
"64.3"	"AMPUTATION OF PENIS"	"AMPUTATION OF PENIS"
"64.4"	"REPAIR AND PLASTIC OPERATION PENIS"	"REPAIR AND PLASTIC OPERATION ON PENIS"
"64.41"	"SUTURE OF LACERATION OF PENIS"	"SUTURE OF LACERATION OF PENIS"
"64.42"	"RELEASE OF CHORDEE"	"RELEASE OF CHORDEE"
"64.43"	"CONSTRUCTION OF PENIS"	"CONSTRUCTION OF PENIS"
"64.44"	"RECONSTRUCTION OF PENIS"	"RECONSTRUCTION OF PENIS"
"64.45"	"REPLANTATION OF PENIS"	"REPLANTATION OF PENIS"
"64.49"	"OTHER REPAIR OF PENIS"	"OTHER REPAIR OF PENIS"
"64.5"	"OPERATIONS SEX TRANSFORMATION NEC"	"OPERATIONS FOR SEX TRANSFORMATION NEC"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"64.9"	"OTH OPERATIONS MALE GENITAL ORGANS"	"OTHER OPERATIONS ON MALE GENITAL ORGANS"
"64.91"	"DORSAL OR LATERAL SLIT OF PREPUCE"	"DORSAL OR LATERAL SLIT OF PREPUCE"
"64.92"	"INCISION OF PENIS"	"INCISION OF PENIS"
"64.93"	"DIVISION OF PENILE ADHESIONS"	"DIVISION OF PENILE ADHESIONS"
"64.94"	"FITTING EXTERNAL PROSTHESIS PENIS"	"FITTING OF EXTERNAL PROSTHESIS OF PENIS"
"64.95"	"INSRT NON-INFLATABLE PENILE PROSTH"	"INSERTION/REPLCMT NON-INFLATABLE PENILE PROSTH"
"64.96"	"REMOVAL INTERNAL PROSTHESIS PENIS"	"REMOVAL OF INTERNAL PROSTHESIS OF PENIS"
"64.97"	"INSRT INFLATABLE PENILE PROSTH"	"INSERTION/REPLCMT INFLATABLE PENILE PROSTHESIS"
"64.98"	"OTHER OPERATIONS ON PENIS"	"OTHER OPERATIONS ON PENIS"
"64.99"	"OTH OPERATIONS MALE GENITAL ORGANS"	"OTHER OPERATIONS ON MALE GENITAL ORGANS"
"640"	"HEMORRHAGE IN EARLY PREGNANCY"	"HEMORRHAGE IN EARLY PREGNANCY"
"640.0"	"THREATENED ABORTION"	"THREATENED ABORTION"
"640.00"	"THREATENED AB UNSPEC AS EPIS CARE"	"THREATENED ABORTION UNSPECIFIED AS EPISODE CARE"
"640.01"	"THREATENED ABORTION"	DELIVERED"
"640.03"	"THREATENED ABORTION"	ANTEPARTUM"
"640.8"	"OTH SPEC HEMORRHAGE EARLY PREGNANCY"	"OTHER SPECIFIED HEMORRHAGE IN EARLY PREGNANCY"
"640.80"	"OTH SPEC HEMORR ERLY PG UNS EOC"	"OTH SPEC HEMORR EARLY PG UNSPEC AS EPIS CARE"
"640.81"	"OTH SPEC HEMORR EARLY PG DELIV"	"OTHER SPEC HEMORRHAGE EARLY PREGNANCY DELIVERED"
"640.83"	"OTH SPEC HEMORR EARLY PG ANTPRTM"	"OTHER SPEC HEMORRHAGE EARLY PREGNANCY ANTEPARTUM"
"640.9"	"UNSPEC HEMORRHAGE EARLY PREGNANCY"	"UNSPECIFIED HEMORRHAGE IN EARLY PREGNANCY"
"640.90"	"UNS HEMORR ERLY PG UNS AS EPIS CARE"	"UNSPEC HEMORR EARLY PG UNSPEC AS EPIS CARE"
"640.91"	"UNSPEC HEMORR EARLY PREGNANCY DELIV"	"UNSPECIFIED HEMORRHAGE EARLY PREGNANCY DELIVERED"
"640.93"	"UNSPEC HEMORR EARLY PG ANTPRTM"	"UNSPEC HEMORRHAGE EARLY PREGNANCY ANTEPARTUM"
"641"	"ANTPRTM HEM ABRUPTIO&PLACNTA PREVIA"	"ANTPRTM HEMORR ABRUPTIO PLACNTA&PLACENTA PREVIA"
"641.0"	"PLACENTA PREVIA WITHOUT HEMORRHAGE"	"PLACENTA PREVIA WITHOUT HEMORRHAGE"
"641.00"	"PLACNTA PREVIA W/O HEMORR UNS EOC"	"PLACENTA PREVIA W/O HEMORR UNSPEC AS EPIS CARE"
"641.01"	"PLACENTA PREVIA W/O HEMORR DELIV"	"PLACENTA PREVIA WITHOUT HEMORRHAGE WITH DELIVERY"
"641.03"	"PLACENTA PREVIA W/O HEMORR ANTPRTM"	"PLACENTA PREVIA WITHOUT HEMORRHAGE ANTEPARTUM"
"641.1"	"HEMORRHAGE FROM PLACENTA PREVIA"	"HEMORRHAGE FROM PLACENTA PREVIA"
"641.10"	"HEMORR PLACNTA PREVIA UNS EPIS CARE"	"HEMORR FROM PLACENTA PREVIA UNSPEC AS EPIS CARE"
"641.11"	"HEMORR FROM PLACENTA PREVIA W/DELIV"	"HEMORRHAGE FROM PLACENTA PREVIA WITH DELIVERY"
"641.13"	"HEMORR FROM PLACENTA PREVIA ANTPRTM"	"HEMORRHAGE FROM PLACENTA PREVIA ANTEPARTUM"
"641.2"	"PREMATURE SEPARATION OF PLACENTA"	"PREMATURE SEPARATION OF PLACENTA"
"641.20"	"PRMAT SEP PLACNTA UNS AS EPIS CARE"	"PRMAT SEPARATION PLACENTA UNSPEC AS EPIS CARE"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"641.21"	"PRMAT SEPARATION PLACENTA W/DELIV"	"PREMATURE SEPARATION OF PLACENTA WITH DELIVERY"
"641.23"	"PRMAT SEPARATION PLACENTA ANTPRTM"	"PREMATURE SEPARATION OF PLACENTA ANTEPARTUM"
"641.3"	"ANTPRTM HEMORRW/COAGULAT DEFEC"	"ANTPRTM HEMORRHAGE ASSOC W/COAGULATION DEFEC"
"641.30"	"ANTPRTM HEM W/COAGLAT DEFEC UNS EOC"	"ANTPRTM HEMORR W/COAGULAT DEFEC UNS EPIS CARE"
"641.31"	"ANTPRTM HEMORW/COAGULAT DEFEC DELIV"	"ANTPRTM HEMORR ASSOC W/COAGULAT DEFEC W/DELIV"
"641.33"	"ANTPRTM HEM W/COAGLAT DEFEC ANTPRTM"	"ANTPRTM HEMORR ASSOC W/COAGULAT DEFECT ANTPRTM"
"641.8"	"OTHER ANTEPARTUM HEMORRHAGE"	"OTHER ANTEPARTUM HEMORRHAGE"
"641.80"	"OTH ANTPRTM HEMORR UNS AS EPIS CARE"	"OTH ANTEPARTUM HEMORRHAGE UNSPEC AS EPISODE CARE"
"641.81"	"OTH ANTPRTM HEMORRHAGE W/DELIVERY"	"OTHER ANTEPARTUM HEMORRHAGE WITH DELIVERY"
"641.83"	"OTH ANTPRTM HEMORRHAGE ANTPRTM"	"OTHER ANTEPARTUM HEMORRHAGE ANTEPARTUM"
"641.9"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE"
"641.90"	"UNS ANTPRTM HEMORR UNS AS EPIS CARE"	"UNSPEC ANTPRTM HEMORRHAGE UNSPEC AS EPISODE CARE"
"641.91"	"UNSPEC ANTPRTM HEMORRHAGE W/DELIV"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE WITH DELIVERY"
"641.93"	"UNSPEC ANTPRTM HEMORRHAGE ANTPRTM"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE ANTEPARTUM"
"642"	"HTN COMP PG CHLDBRTH&THE PUERPERIUM"	"HTN COMP PREGNANCY CHILDBIRTH&THE PUERPERIUM"
"642.0"	"ESSEN HYPERTEN COMP PREG"	"BEN HTN COMP PG CHLDBRTH&THE PUERPERIUM"
"642.00"	"ESSEN HYPERTEN PREG-UNSP"	"BEN HTN COMP PG CHLDBRTH&THE PUERPERIUM UNS EOC"
"642.01"	"BEN ESSENTIAL HYPERTENSION W/DELIV"	"BENIGN ESSENTIAL HYPERTENSION WITH DELIVERY"
"642.02"	"BEN ESSENTIAL HTN DELIV W/CURR PPC"	"BEN ESSENTIAL HYPERTENSION W/DELIV W/CURRENT PPC"
"642.03"	"BEN ESSENTIAL HYPERTENSION ANTPRTM"	"BENIGN ESSENTIAL HYPERTENSION ANTEPARTUM"
"642.04"	"BEN ESSENTIAL HTN PREVIOUS PPC"	"BENIGN ESSENTIAL HYPERTENSION PREVIOUS PPC"
"642.1"	"RENAL HYPERTEN OF PREG"	"HTN SEC RENAL DZ COMP PG CHLDBRTH&THE PUERPERIUM"
"642.10"	"HTN SEC RENL DZ COMPL PG&PP UNS EOC"	"HTN SEC RENL DZ COMPL PG BRTH&PP UNS EOC"
"642.11"	"HTN SEC RENAL DISEASE W/DELIV"	"HYPERTENSION SEC TO RENAL DISEASE WITH DELIVERY"
"642.12"	"HTN SEC RENAL DZ DELIV W/CURRNT PPC"	"HTN SEC RENAL DISEASE W/DELIV W/CURRENT PP COMPL"
"642.13"	"HTN SEC RENAL DISEASE ANTPRTM"	"HYPERTENSION SEC TO RENAL DISEASE ANTEPARTUM"
"642.14"	"HTN SEC RENAL DZ PREVIOUS PP COND"	"HTN SEC RENAL DISEASE PREVIOUS POSTPARTUM COND"
"642.2"	"OLD HYPERTEN PREG NEC"	"OTH PRE-XST HTN COMP PG CHILDBRTH&THE PUERPERIUM"
"642.20"	"OTH PRE-XST HTN COMPL PG&PP UNS EOC"	"OTH PRE-XST HTN COMPL PG BRTH&PP UNS EOC"
"642.21"	"OTH PRE-EXISTING HTN W/DELIV"	"OTHER PRE-EXISTING HYPERTENSION WITH DELIVERY"
"642.22"	"OTH PRE-XST HTN DELIV W/CURRENT PPC"	"OTH PRE-EXISTING HTN W/DELIV W/CURRENT PP COMPL"
"642.23"	"OTH PRE-EXISTING HTN ANTPRTM"	"OTHER PRE-EXISTING HYPERTENSION ANTEPARTUM"
"642.24"	"OTH PRE-XST HTN PREVIOUS PP COND"	"OTH PRE-EXISTING HTN PREVIOUS POSTPARTUM COND"
"642.3"	"TRANSIENT HYPERTENSION OF PREGNANCY"	"TRANSIENT HYPERTENSION OF PREGNANCY"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"642.30"	"TRANSIENT HTN PG UNS AS EPIS CARE"	"TRANSIENT HTN PREGNANCY UNSPEC AS EPIS CARE"
"642.31"	"TRANSIENT HTN PREGNANCY W/DELIV"	"TRANSIENT HYPERTENSION OF PREGNANCY W/DELIVERY"
"642.32"	"TRANSIENT HTN PG DELIV W/CURRNT PPC"	"TRANSIENT HTN PG W/DELIV W/CURRENT PP COMPL"
"642.33"	"TRANSIENT HTN PREGNANCY ANTPRTM"	"TRANSIENT HYPERTENSION OF PREGNANCY ANTEPARTUM"
"642.34"	"TRANSIENT HTN PG PREVIOUS PP COND"	"TRANSIENT HTN PREGNANCY PREVIOUS POSTPARTUM COND"
"642.4"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA"
"642.40"	"MILD/UNS PRE-ECLAMP UNS EPIS CARE"	"MILD/UNSPEC PRE-ECLAMPSIA UNSPEC AS EPISODE CARE"
"642.41"	"MILD/UNSPEC PRE-ECLAMPSIA W/DELIV"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA WITH DELIVERY"
"642.42"	"MILD/UNS PRE-ECLAMP DEL W/CURR PPC"	"MILD/UNSPEC PRE-ECLAMPSIA W/DELIV W/CURRENT PPC"
"642.43"	"MILD/UNSPEC PRE-ECLAMPSIA ANTPRTM"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA ANTEPARTUM"
"642.44"	"MILD/UNSPEC PRE-ECLAMP PREV PP COND"	"MILD/UNSPEC PRE-ECLAMPSIA PREVIOUS PP COND"
"642.5"	"SEVERE PRE-ECLAMPSIA"	"SEVERE PRE-ECLAMPSIA"
"642.50"	"SEV PRE-ECLAMP UNSPEC AS EPIS CARE"	"SEVERE PRE-ECLAMPSIA UNSPECIFIED AS EPISODE CARE"
"642.51"	"SEVERE PRE-ECLAMPSIA"	WITH DELIVERY"
"642.52"	"SEV PRE-ECLAMP DELIV W/CURRNT PPC"	"SEVERE PRE-ECLAMPSIA W/DELIVERY W/CURRENT PPC"
"642.53"	"SEVERE PRE-ECLAMPSIA"	ANTEPARTUM"
"642.54"	"SEVERE PRE-ECLAMP PREVIOUS PP COND"	"SEVERE PRE-ECLAMPSIA PREVIOUS POSTPARTUM COND"
"642.6"	"ECLAMPSIA"	"ECLAMPSIA COMP PG CHILDBIRTH/THE PUERPERIUM"
"642.60"	"ECLAMPSIA-UNSPECIFIED"	"ECLAMPSIA-UNS EOC"
"642.61"	"ECLAMPSIA"	WITH DELIVERY"
"642.62"	"ECLAMPSIA W/DELIVERY W/CURRENT PPC"	"ECLAMPSIA W/DELIVERY W/CURRENT PPC"
"642.63"	"ECLAMPSIA"	ANTEPARTUM"
"642.64"	"ECLAMPSIA PREVIOUS POSTPARTUM COND"	"ECLAMPSIA PREVIOUS POSTPARTUM CONDITION"
"642.7"	"PRE-ECLAMP/ECLAMP PRE-XST HTN"	"PRE-ECLAMP/ECLAMPSIA SUPERIMPOSED PRE-XST HTN"
"642.70"	"PRE-ECLMP/ECLMP PRE-XST HTN-UNS EOC"	"PRE-ECLAMPSIA/ECLAMPSIA W/PRE-EXIST HTN-UNS EOC"
"642.71"	"PRE-ECLAMP/ECLAMP PRE-XST HTN DELIV"	"PRE-ECLAMP/ECLAMPSIA SUPERIMPS PRE-XST HTN DELIV"
"642.72"	"PRE-ECLMP/ECLMP PRE-XST HTN-DEL-PPC"	"PRE-ECLAMPSIA/ECLMPDIA W/PRE-EXIST HTN-DEL W/PPC"
"642.73"	"PRE-ECLMP/ECLMP PRE-XST HTN ANTPRTM"	"PRE-ECLAMPSIA/ECLAMPSIA PRE-EXIST HTN ANTEPARTUM"
"642.74"	"PRE-ECLAMP/ECLAMP PRE-XST HTN PP"	"PRE-ECLAMP/ECLAMPSIA SUPERIMPOSED PRE-XST HTN PP"
"642.9"	"HYPERTENS COMPL PREG NOS"	"UNSPEC HTN COMP PG CHILDBIRTH/THE PUERPERIUM"
"642.90"	"HYPERTEN PREG NOS-UNSPEC"	"UNS HTN COMP PG CHLDBRTH/THE PUERPERIUM UNS EOC"
"642.91"	"UNSPECIFIED HYPERTENSION W/DELIVERY"	"UNSPECIFIED HYPERTENSION WITH DELIVERY"
"642.92"	"UNSPEC HTN W/DELIV W/CURRENT PPC"	"UNSPEC HYPERTENSION W/DELIVERY W/CURRENT PPC"
"642.93"	"UNSPECIFIED HYPERTENSION ANTEPARTUM"	"UNSPECIFIED HYPERTENSION ANTEPARTUM"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"642.94"	"UNSPEC HTN PREVIOUS POSTPARTUM COND"	"UNSPEC HYPERTENSION PREVIOUS POSTPARTUM COND"
"643"	"EXCESSIVE VOMITING IN PREGNANCY"	"EXCESSIVE VOMITING IN PREGNANCY"
"643.0"	"MILD HYPEREMESIS GRAVIDARUM"	"MILD HYPEREMESIS GRAVIDARUM"
"643.00"	"MILD HYPEREMESIS GRAVIDA UNS EOC"	"MILD HYPEREMESIS GRAVIDARUM UNSPEC AS EPIS CARE"
"643.01"	"MILD HYPEREMESIS GRAVIDARUM DELIV"	"MILD HYPEREMESIS GRAVIDARUM DELIVERED"
"643.03"	"MILD HYPEREMESIS GRAVIDARUM ANTPRTM"	"MILD HYPEREMESIS GRAVIDARUM ANTEPARTUM"
"643.1"	"HYPEREMESIS GRAVIDA W/METAB DISTURB"	"HYPEREMESIS GRAVIDARUM W/METABOLIC DISTURBANCE"
"643.10"	"HYPEREMESIS W/METAB DSTUR UNS EOC"	"HYPEREMESIS GRAVIDA W/METAB DSTUR UNS EPIS CARE"
"643.11"	"HYPEREMESIS W/METAB DISTURBANCE DEL"	"HYPEREMESIS GRAVIDA W/METAB DISTURBANCE DELIV"
"643.13"	"HYPEREMESIS W/METAB DISTURB ANTPRTM"	"HYPEREMESIS GRAVIDA W/METAB DISTURBANCE ANTPRTM"
"643.2"	"LATE VOMITING OF PREGNANCY"	"LATE VOMITING OF PREGNANCY"
"643.20"	"LATE VOMITING PG UNS AS EPIS CARE"	"LATE VOMITING PREGNANCY UNSPEC AS EPISODE CARE"
"643.21"	"LATE VOMITING PREGNANCY DELIVERED"	"LATE VOMITING OF PREGNANCY DELIVERED"
"643.23"	"LATE VOMITING PREGNANCY ANTEPARTUM"	"LATE VOMITING OF PREGNANCY ANTEPARTUM"
"643.8"	"OTH VOMITING COMPLICATING PREGNANCY"	"OTHER VOMITING COMPLICATING PREGNANCY"
"643.80"	"OTH VOMITING COMP PG UNS EPIS CARE"	"OTH VOMITING COMP PREGNANCY UNSPEC AS EPIS CARE"
"643.81"	"OTH VOMITING COMP PREGNANCY DELIV"	"OTHER VOMITING COMPLICATING PREGNANCY DELIVERED"
"643.83"	"OTH VOMITING COMP PREGNANCY ANTPRTM"	"OTHER VOMITING COMPLICATING PREGNANCY ANTEPARTUM"
"643.9"	"UNSPECIFIED VOMITING OF PREGNANCY"	"UNSPECIFIED VOMITING OF PREGNANCY"
"643.90"	"UNS VOMITING PG UNS AS EPIS CARE"	"UNSPEC VOMITING PREGNANCY UNSPEC AS EPISODE CARE"
"643.91"	"UNSPEC VOMITING PREGNANCY DELIVERED"	"UNSPECIFIED VOMITING OF PREGNANCY DELIVERED"
"643.93"	"UNSPEC VOMITING PREGNANCY ANTPRTM"	"UNSPECIFIED VOMITING OF PREGNANCY ANTEPARTUM"
"644"	"EARLY OR THREATENED LABOR"	"EARLY OR THREATENED LABOR"
"644.0"	"THREATENED PREMATURE LABOR"	"THREATENED PREMATURE LABOR"
"644.00"	"THREATENED PRMAT LABR UNS EPIS CARE"	"THREATENED PREMATURE LABOR UNSPEC AS EPIS CARE"
"644.03"	"THREATENED PREMATURE LABOR ANTPRTM"	"THREATENED PREMATURE LABOR ANTEPARTUM"
"644.1"	"OTHER THREATENED LABOR"	"OTHER THREATENED LABOR"
"644.10"	"OTH THREATENED LABR UNS EPIS CARE"	"OTHER THREATENED LABOR UNSPEC AS EPISODE CARE"
"644.13"	"OTHER THREATENED LABOR	ANTEPARTUM"
"644.2"	"EARLY ONSET OF DELIVERY"	"EARLY ONSET OF DELIVERY"
"644.20"	"ERLY ONSET DELIV UNS AS EPIS CARE"	"EARLY ONSET DELIVERY UNSPECIFIED AS EPISODE CARE"
"644.21"	"EARLY ONSET DELIVERY-DEL"	"ERLY ONSET DELIV DELIV W/WO MENTION ANTPRTM COND"
"645"	"PROLONGED PREGNANCY"	"PROLONGED PREGNANCY"
"645.1"	"POST TERM PREGNANCY"	"POST TERM PREGNANCY"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"645.10"	"POST TERM PG UNS EOC/NOT APPLIC"	"POST TERM PG UNSPEC AS EPIS CARE/NOT APPLIC"
"645.11"	"POST TERM PG DEL W/WO ANTPRTM COND"	"POST TERM PG DELIV W/WO MENTION ANTPRTM COND"
"645.13"	"POST TERM PG ANTPRTM COND/COMP"	"POST TERM PREGNANCY ANTEPARTUM COND/COMPLICATION"
"645.2"	"PROLONGED PREGNANCY"	"PROLONGED PREGNANCY"
"645.20"	"PROLNG PG UNS EPIS CARE/NOT APPLIC"	"PROLONGED PG UNSPEC AS EPIS CARE/NOT APPLIC"
"645.21"	"PROLNG PG DELIV W/WO ANTPRTM COND"	"PROLONGED PG DELIV W/WO MENTION ANTPRTM COND"
"645.23"	"PROLONG PG DELIV ANTPRTM COND/COMP"	"PROLONGED PREGNANCY DELIVERED ANTPRTM COND/COMP"
"646"	"OTHER COMPLICATIONS PREGNANCY NEC"	"OTHER COMPLICATIONS OF PREGNANCY NEC"
"646.0"	"PAPYRACEOUS FETUS"	"PAPYRACEOUS FETUS"
"646.00"	"PAPYRACEOUS FETUS UNS AS EPIS CARE"	"PAPYRACEOUS FETUS UNSPECIFIED AS TO EPISODE CARE"
"646.01"	"PAPYRACEOUS FETUS-DELIV"	"PAPYRACEOUS FETUS DELIV W/WO ANTPRTM COND"
"646.03"	"PAPYRACEOUS FETUS	ANTEPARTUM"
"646.1"	"EDEMA/XCESS WT GAIN PG W/O HTN"	"EDEMA/EXCESS WEIGHT GAIN PG WITHOUT MENTION HTN"
"646.10"	"EDEMA/XCESS WT GAIN PG UNS EOC"	"EDEMA/EXCESS WEIGHT GAIN PG UNSPEC AS EPIS CARE"
"646.11"	"EDEMA IN PREG-DELIVERED"	"EDEMA/XCESS WT GAIN PG DELIV W/WO ANTPRTM COMP"
"646.12"	"EDEMA IN PREG-DEL W P/P"	"EDEMA/EXCESS WEIGHT GAIN PG DELIV W/CURRENT PPC"
"646.13"	"EDEMA/EXCESSIVE WEIGHT GAIN ANTPRTM"	"EDEMA OR EXCESSIVE WEIGHT GAIN ANTEPARTUM"
"646.14"	"EDEMA/XCESS WT GAIN PREV PP COND"	"EDEMA/EXCESS WEIGHT GAIN PREVIOUS PP COND"
"646.2"	"UNSPEC RENAL DZ PG W/O MENTION HTN"	"UNSPEC RENAL DISEASE PG WITHOUT MENTION HTN"
"646.20"	"UNS RENL DZ PG UNS AS EPIS CARE"	"UNSPEC RENAL DISEASE PG UNSPEC AS EPIS CARE"
"646.21"	"UNSPEC RENAL DISEASE PG W/DELIV"	"UNSPECIFIED RENAL DISEASE PREGNANCY W/DELIVERY"
"646.22"	"UNS RENL DZ PG DELIV W/CURRNT PPC"	"UNSPEC RENAL DISEASE PG W/DELIV W/CURRENT PPC"
"646.23"	"UNSPEC ANTEPARTUM RENAL DISEASE"	"UNSPECIFIED ANTEPARTUM RENAL DISEASE"
"646.24"	"UNSPEC RENAL DZ PREVIOUS PP COND"	"UNSPEC RENAL DISEASE PREVIOUS POSTPARTUM COND"
"646.3"	"PREGNANCY COMP HABITUAL ABORTER"	"PREGNANCY COMPLICATION HABITUAL ABORTER"
"646.30"	"PG COMP HABITUAL ABORTER UNS EOC"	"PG COMP HABITUAL ABORTER UNSPEC AS EPIS CARE"
"646.31"	"HABITUAL ABORTER-DELIVER"	"PG COMP HABITUAL ABORTER W/WO ANTPRTM COND"
"646.33"	"HABITUAL ABORTER ANTPRTM COND/COMP"	"HABITUAL ABORTER ANTEPARTUM COND/COMPLICATION"
"646.4"	"PERIPHERAL NEURITIS IN PREGNANCY"	"PERIPHERAL NEURITIS IN PREGNANCY"
"646.40"	"PERIPH NEURITIS PG UNS AS EPIS CARE"	"PERIPH NEURITIS PREGNANCY UNSPEC AS EPIS CARE"
"646.41"	"PERIPH NEURITIS PREGNANCY W/DELIV"	"PERIPHERAL NEURITIS IN PREGNANCY WITH DELIVERY"
"646.42"	"PERIPH NEURITIS PG DELIV W/CURR PPC"	"PERIPH NEURITIS PREGNANCY W/DELIV W/CURRENT PPC"
"646.43"	"PERIPHERAL NEURITIS ANTEPARTUM"	"PERIPHERAL NEURITIS ANTEPARTUM"
"646.44"	"PERIPH NEURITIS PREVIOUS PP COND"	"PERIPHERAL NEURITIS PREVIOUS POSTPARTUM COND"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"646.5"	"ASYMPTOMATIC BACTERIURIA PREGNANCY"	"ASYMPTOMATIC BACTERIURIA IN PREGNANCY"
"646.50"	"ASX BACTERIURIA PG UNS AS EPIS CARE"	"ASYMPTOMATIC BACTERIURIA PG UNSPEC AS EPIS CARE"
"646.51"	"ASYMPTOMATIC BACTERIURIA PG W/DELIV"	"ASYMPTOMATIC BACTERIURIA IN PREGNANCY W/DELIVERY"
"646.52"	"ASX BACTERIURIA PG DELIV W/CURR PPC"	"ASX BACTERIURIA PG W/DELIV W/CURRENT PPC"
"646.53"	"ASYMPTOMATIC BACTERIURIA ANTEPARTUM"	"ASYMPTOMATIC BACTERIURIA ANTEPARTUM"
"646.54"	"ASX BACTERIURIA PREVIOUS PP COND"	"ASYMPTOMATIC BACTERIURIA PREVIOUS PP COND"
"646.6"	"INFECTIONS GU TRACT PREGNANCY"	"INFECTIONS OF GENITOURINARY TRACT IN PREGNANCY"
"646.60"	"INFS GU TRACT PG UNS AS EPIS CARE"	"INFS GU TRACT PREGNANCY UNSPEC AS EPIS CARE"
"646.61"	"INFS GU TRACT PREGNANCY W/DELIV"	"INFECTIONS GENITOURINARY TRACT PREGNANCY W/DELIV"
"646.62"	"INFS GU TRACT PG DELIV W/CURRNT PPC"	"INFS GU TRACT PREGNANCY W/DELIV W/CURRENT PPC"
"646.63"	"INFECTIONS GU TRACT ANTPRTM"	"INFECTIONS OF GENITOURINARY TRACT ANTEPARTUM"
"646.64"	"INFS GU TRACT PREVIOUS PP COND"	"INFECTIONS GU TRACT PREVIOUS POSTPARTUM COND"
"646.7"	"LIVER DISORDERS IN PREGNANCY"	"LIVER DISORDERS IN PREGNANCY"
"646.70"	"LIVER D/O PG UNSPEC AS EPIS CARE M"	"LIVER D/O PREGNANCY UNSPEC AS EPISODE CARE M"
"646.71"	"LIVER DISORDERS PREGNANCY W/DELIV"	"LIVER DISORDERS IN PREGNANCY WITH DELIVERY"
"646.73"	"LIVER DISORDERS ANTEPARTUM"	"LIVER DISORDERS ANTEPARTUM"
"646.8"	"OTHER SPEC COMPLICATIONS PREGNANCY"	"OTHER SPECIFIED COMPLICATIONS OF PREGNANCY"
"646.80"	"OTH SPEC COMP PG UNS AS EPIS CARE"	"OTH SPEC COMP PREGNANCY UNSPEC AS EPISODE CARE"
"646.81"	"OTH SPEC COMP PREGNANCY W/DELIVERY"	"OTHER SPEC COMPLICATION PREGNANCY W/DELIVERY"
"646.82"	"OTH SPEC COMPS PG DELIV W/CURR PPC"	"OTH SPEC COMPS PREGNANCY W/DELIV W/CURRENT PPC"
"646.83"	"OTH SPECIFED COMPLICATION ANTPRTM"	"OTHER SPECIFED COMPLICATION ANTEPARTUM"
"646.84"	"OTH SPEC COMPS PREVIOUS PP COND"	"OTH SPEC COMPLICATIONS PREVIOUS POSTPARTUM COND"
"646.9"	"UNSPECIFIED COMPLICATION PREGNANCY"	"UNSPECIFIED COMPLICATION OF PREGNANCY"
"646.90"	"UNSPEC COMP PG UNSPEC AS EPIS CARE"	"UNSPEC COMP PREGNANCY UNSPEC AS EPISODE CARE"
"646.91"	"UNSPEC COMP PREGNANCY W/DELIVERY"	"UNSPECIFIED COMPLICATION OF PREGNANCY W/DELIVERY"
"646.93"	"UNSPEC COMP PREGNANCY ANTPRTM"	"UNSPECIFIED COMPLICATION OF PREGNANCY ANTEPARTUM"
"647"	"INFECTIVE DIS IN PREG"	"INFECT-PARASITIC MATERNAL CCE-COMPLICATING PC/P"
"647.0"	"SYPHILIS IN PREGNANCY"	"MTRN SYPHILIS COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.00"	"SYPHILIS IN PREG-UNSPEC"	"MATERNAL SYPHILIS-COMPLICATING PC/P-UNS EOC"
"647.01"	"MTRN SYPHILIS COMP PG W/DELIV"	"MATERNAL SYPHILIS COMP PREGNANCY W/DELIVERY"
"647.02"	"MTRN SYPH COMP PG DELIV W/CURR PPC"	"MTRN SYPHILIS COMP PG W/DELIV W/CURRENT PPC"
"647.03"	"MATERNAL SYPHILIS	ANTEPARTUM"
"647.04"	"MTRN SYPHILIS PREVIOUS PP COND"	"MATERNAL SYPHILIS PREVIOUS POSTPARTUM CONDITION"
"647.1"	"GONORRHEA IN PREGNANCY"	"MTRN GONORRHEA COMP PG CHILDBIRTH/THE PUERPERIUM"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"647.10"	"GONORRHEA IN PREG-UNSPEC"	"MATERNAL GONORRHEA-COMPLICATING PC/P-UNS EOC"
"647.11"	"MATERNAL GONORRHEA WITH DELIVERY"	"MATERNAL GONORRHEA WITH DELIVERY"
"647.12"	"MTRN GONORRHEA DELIV W/CURRENT PPC"	"MATERNAL GONORRHEA W/DELIVERY W/CURRENT PPC"
"647.13"	"MATERNAL GONORRHEA"	ANTEPARTUM"
"647.14"	"MTRN GONORRHEA PREVIOUS PP COND"	"MATERNAL GONORRHEA PREVIOUS POSTPARTUM CONDITION"
"647.2"	"OTHER VENEREAL DIS IN PREG"	"OTH MATERNAL VENEREAL DISEASES-COMPLICATING PC/P"
"647.20"	"OTHER VD IN PREG-UNSPEC"	"OTH MATERNAL VENEREAL DZ-COMPLICAT PC/P-UNS EOC"
"647.21"	"OTH MATERNAL VENEREAL DZ W/DELIV"	"OTHER MATERNAL VENEREAL DISEASES WITH DELIVERY"
"647.22"	"OTH MTRN VNEREL DZ DELIV W/CURR PPC"	"OTH MATERNAL VENEREAL DZ W/DELIV W/CURRENT PPC"
"647.23"	"OTHER VD-ANTEPARTUM"	"OTH ANTPRTM MTRN VNEREL DISEASE PREVIOUS PP COND"
"647.24"	"OTHER POSTPARTUM VENEREAL DISEASES"	"OTHER POSTPARTUM VENEREAL DISEASES"
"647.3"	"TUBERCULOSIS IN PREG"	"MTRN TB COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.30"	"TB IN PREG-UNSPECIFIED"	"MTRN TB COMP PG CHLDBRTH/THE PUERPERIUM UNS EOC"
"647.31"	"MATERNAL TUBERCULOSIS WITH DELIVERY"	"MATERNAL TUBERCULOSIS WITH DELIVERY"
"647.32"	"MTRN TB W/DELIV W/CURRENT PPC"	"MATERNAL TUBERCULOSIS W/DELIVERY W/CURRENT PPC"
"647.33"	"MATERNAL TUBERCULOSIS"	ANTEPARTUM"
"647.34"	"MTRN TUBERCULOSIS PREVIOUS PP COND"	"MATERNAL TUBERCULOSIS PREVIOUS POSTPARTUM COND"
"647.4"	"MALARIA IN PREGNANCY"	"MTRN MALARIA COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.40"	"MALARIA IN PREG-UNSPEC"	"MATERNAL MALARIA-COMPLICATING PC/P-UNS EOC"
"647.41"	"MATERNAL MALARIA WITH DELIVERY"	"MATERNAL MALARIA WITH DELIVERY"
"647.42"	"MTRN MALARIA W/DELIV W/CURRENT PPC"	"MATERNAL MALARIA W/DELIVERY W/CURRENT PPC"
"647.43"	"MATERNAL MALARIA"	ANTEPARTUM"
"647.44"	"MTRN MALARIA PREVIOUS PP COND"	"MATERNAL MALARIA PREVIOUS POSTPARTUM CONDITION"
"647.5"	"RUBELLA IN PREGNANCY"	"MTRN RUBELLA COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.50"	"MAT RUBELLA COMP PG BRTH/PP UNS EOC"	"MAT RUBELLA COMPL PG BRTH/PP UNS EOC"
"647.51"	"MATERNAL RUBELLA WITH DELIVERY"	"MATERNAL RUBELLA WITH DELIVERY"
"647.52"	"MTRN RUBELLA W/DELIV W/CURRENT PPC"	"MATERNAL RUBELLA W/DELIVERY W/CURRENT PPC"
"647.53"	"MATERNAL RUBELLA"	ANTEPARTUM"
"647.54"	"MTRN RUBELLA PREVIOUS PP COND"	"MATERNAL RUBELLA PREVIOUS POSTPARTUM CONDITION"
"647.6"	"OTHER VIRAL DIS IN PREG"	"OTH MTRN VIRL DZ COMP PG CHLDBRTH/THE PUERPERIUM"
"647.60"	"OTH MAT VD COMPL PG BRTH/PP UNS EOC"	"OTH MATERNAL VIRAL DZ-COMPLICATING PC/P-UNS EOC"
"647.61"	"OTH MATERNAL VIRAL DISEASE W/DELIV"	"OTHER MATERNAL VIRAL DISEASE WITH DELIVERY"
"647.62"	"OTH MTRN VIRL DZ DELIV W/CURRNT PPC"	"OTH MATERNAL VIRAL DISEASE W/DELIV W/CURRENT PPC"
"647.63"	"OTH MATERNAL VIRAL DISEASE ANTPRTM"	"OTHER MATERNAL VIRAL DISEASE ANTEPARTUM"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"647.64"	"OTH MTRN VIRAL DZ PREVIOUS PP COND"	"OTH MTRN VIRAL DISEASE PREVIOUS POSTPARTUM COND"
"647.8"	"OTH MAT INF&PARASIT DZ COMPL PG/PP"	"OTH MATERNAL INFECTIOUS-PARASITIC DZ-COMPLI PC/P"
"647.80"	"OTH MAT INF-COMPL PG CB/PP-UNS EOC"	"OTH MATERN INFECT-PARASIT DZ-COMPLI PC/P-UNS EOC"
"647.81"	"OTH MTRN INF&PARASITIC DZ DELIV"	"OTH SPEC MATERNAL INF&PARASITIC DISEASE W/DELIV"
"647.82"	"OTH MAT INF&PARASIT DZ-DEL-PP COMPL"	"OTH SPEC MTRN INF&PARASITIC DZ DELIV W/CURR PPC"
"647.83"	"OTH MTRN INF&PARASITIC DZ ANTPRTM"	"OTH SPEC MATERNAL INF&PARASITIC DISEASE ANTPRTM"
"647.84"	"OTH MAT INF&PARASIT DZ-PREV PP COND"	"OTH SPEC MTRN INF&PARASITIC DZ PREVIOUS PP COND"
"647.9"	"INFECTION IN PREG NOS"	"UNS MATERNAL INFECTION/INFESTATION-COMPLI PC/P"
"647.90"	"UNS MAT INF COMPL PG CB/PP UNS EOC"	"UNS MATERN INFECT/INFESTAT-COMPLI PC/P-UNS EOC"
"647.91"	"UNSPEC MATERNAL INF/INFEST W/DELIV"	"UNSPEC MATERNAL INFECTION/INFESTATION W/DELIVERY"
"647.92"	"UNS MTRN INF/INFEST DEL W/CURR PPC"	"UNSPEC MATERNAL INF/INFEST W/DELIV W/CURRENT PPC"
"647.93"	"UNSPEC MATERNAL INF/INFEST ANTPRTM"	"UNSPEC MATERNAL INFECTION/INFESTATION ANTEPARTUM"
"647.94"	"UNSPEC MTRN INF/INFEST PREV PP COND"	"UNSPEC MTRN INF/INFEST PREVIOUS POSTPARTUM COND"
"648"	"OTH CURRENT MATERNL CCE-COMPL P C/P"	"OTH CURRENT MATERNAL CCE-COMPLICATING PC/P"
"648.0"	"DIABETES MELLIT IN PREG"	"MTRN DM COMP PREGNANCY CHILDBIRTH/THE PUERPERIUM"
"648.00"	"MAT DM COMPL PG BRTH/PP UNS EOC"	"MTRN DM COMP PG CHLDBRTH/THE PUERPERIUM UNS EOC"
"648.01"	"MATERNAL DM WITH DELIVERY"	"MATERNAL DIABETES MELLITUS WITH DELIVERY"
"648.02"	"MATERNAL DM W/DELIV W/CURRENT PPC"	"MATERNAL DM W/DELIVERY W/CURRENT PPC"
"648.03"	"MATERNAL DM ANTEPARTUM"	"MATERNAL DIABETES MELLITUS ANTEPARTUM"
"648.04"	"MTRN DM PREVIOUS POSTPARTUM COND"	"MATERNAL DM PREVIOUS POSTPARTUM CONDITION"
"648.1"	"THYROID DYSFUNC IN PREG"	"THYROID DYSF COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.10"	"MAT THYROID DYSF-COMP PG/PP-UNS EOC"	"MATERNAL THYROID DYSFUNCTION-COMPLI PC/P-UNS EOC"
"648.11"	"MATERNAL THYROID DYSFUNCTION DEL"	"MTRN THYROID DYSF DELIV W/WO ANTPRTM COND"
"648.12"	"MTRN THYROID DYSF DELIV W/CURR PPC"	"MATERNAL THYROID DYSF W/DELIV W/CURRENT PPC"
"648.13"	"MTRN THYROID DYSF ANTPRTM COND/COMP"	"MATERNAL THYROID DYSFUNCTION ANTPRTM COND/COMP"
"648.14"	"MTRN THYROID DYSF PREV PP COND/COMP"	"MTRN THYROID DYSF PREVIOUS POSTPARTUM COND/COMP"
"648.2"	"ANEMIA IN PREGNANCY"	"MTRN ANEMIA COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.20"	"MAT ANEM-MOM COMPL PG CB/PP UNS EOC"	"MATERNAL ANEMIA MOM COMPL PG CB/PP UNS EOC"
"648.21"	"MATERNAL ANEMIA	WITH DELIVERY"
"648.22"	"MTRN ANEMIA W/DELIV W/CURRENT PPC"	"MATERNAL ANEMIA W/DELIVERY W/CURRENT PPC"
"648.23"	"MATERNAL ANEMIA	ANTEPARTUM"
"648.24"	"MTRN ANEMIA PREVIOUS PP COND"	"MATERNAL ANEMIA PREVIOUS POSTPARTUM CONDITION"
"648.3"	"DRUG DEPENDENCE IN PREG"	"MTRN DRUG DEPEND COMP PG CHLDBRTH/THE PUERPERIUM"
"648.30"	"MAT RX DEPND COMPL PG CB/PP UNS EOC"	"MATERNAL RX DEPEND COMPL PG CB/PP UNS EOC"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"648.31"	"MATERNAL DRUG DEPENDENCE W/DELIVERY"	"MATERNAL DRUG DEPENDENCE WITH DELIVERY"
"648.32"	"MTRN DRUG DEPEND DELIV W/CURRNT PPC"	"MATERNAL DRUG DEPENDENCE W/DELIV W/CURRENT PPC"
"648.33"	"MATERNAL DRUG DEPENDENCE ANTEPARTUM"	"MATERNAL DRUG DEPENDENCE ANTEPARTUM"
"648.34"	"MTRN DRUG DEPEND PREVIOUS PP COND"	"MATERNAL DRUG DEPEND PREVIOUS POSTPARTUM COND"
"648.4"	"MENTAL DISORDERS IN PREG"	"MTRN MENTL D/O COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.40"	"MAT MNTL D/O COMPL PG CB/PP UNS EOC"	"MATERNAL MENTAL D/O COMPL PG CB/PP UNS EOC"
"648.41"	"MATERNAL MENTAL DISORDERS W/DELIV"	"MATERNAL MENTAL DISORDERS WITH DELIVERY"
"648.42"	"MTRN MENTAL D/O DELIV W/CURRENT PPC"	"MATERNAL MENTAL DISORDERS W/DELIV W/CURRENT PPC"
"648.43"	"MATERNAL MENTAL DISORDERS ANTPRTM"	"MATERNAL MENTAL DISORDERS ANTEPARTUM"
"648.44"	"MTRN MENTAL D/O PREVIOUS PP COND"	"MATERNAL MENTAL D/O PREVIOUS POSTPARTUM COND"
"648.5"	"MAT CONGEN CV D/O COMPL PG CB/PP"	"MATERNAL CONGEN CVULAR D/O COMPL PG CB/PP"
"648.50"	"MAT CONGN CV D/O COMP PG/PP UNS EOC"	"MATERNAL CONGENITAL CV DIS-COMPLI PC/P-UNS EOC"
"648.51"	"MATERNAL CONGEN CV D/O W/DELIV"	"MATERNAL CONGENITAL CV DISORDERS W/DELIVERY"
"648.52"	"MTRN CONGN CV D/O DELIV W/CURR PPC"	"MATERNAL CONGEN CV D/O W/DELIV W/CURRENT PPC"
"648.53"	"MATERNAL CONGEN CV D/O ANTPRTM"	"MATERNAL CONGENITAL CV DISORDERS ANTPRTM"
"648.54"	"MTRN CONGEN CV D/O PREVIOUS PP COND"	"MATERNAL CONGEN CV D/O PREVIOUS POSTPARTUM COND"
"648.6"	"CARDIOVAS DIS NEC IN PG"	"OTH MTRN CV DZ COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.60"	"OTH MAT CV DZ COMP PG CB/PP UNS EOC"	"OTH MATERNAL CV DZ-COMPLICATING PC/P-UNS EOC"
"648.61"	"OTH MATERNAL CV DISEASES W/DELIVERY"	"OTH MATERNAL CARDIOVASCULAR DISEASES W/DELIVERY"
"648.62"	"OTH MTRN CV DZ DELIV W/CURRENT PPC"	"OTH MATERNAL CV DISEASES W/DELIV W/CURRENT PPC"
"648.63"	"OTH MATERNAL CV DISEASES ANTPRTM"	"OTH MATERNAL CARDIOVASCULAR DISEASES ANTEPARTUM"
"648.64"	"OTH MTRN CV DZ PREVIOUS PP COND"	"OTH MATERNAL CV DZ PREVIOUS POSTPARTUM COND"
"648.7"	"BONE&JNT D/O MAT-COMPL PG CB/PP"	"BN&JNT D/O MAT BACK PELV& LW LIMB-COMPL PG CB/PP"
"648.70"	"BONE&JNT D/O MAT-COMPL PG CB/PP UNS"	"BN&JNT D/O MAT BACK & LW LMB-COMPL PG CB/PP UNS"
"648.71"	"BN&JNT D/O MAT BACK PELV&LW LMB DEL"	"BN&JNT D/O MAT BACK PELVIS&LW LMB W/DEL"
"648.72"	"BN&JNT D/O MAT W/DEL W/PP COMPL"	"BN&JNT D/O MAT BACK PELV&LW LMB W/DEL W/PP COMPL"
"648.73"	"BN&JNT D/O MAT BACK&LW LMB ANTPRTM"	"BN&JNT D/O MAT BACK PELVIS&LW LIMBS ANTEPARTUM"
"648.74"	"BN&JNT D/O MAT BACK PREV PP COND"	"BN&JNT D/O MAT BACK PELVIS&LW LIMBS PREV PP COND"
"648.8"	"ABN MAT GLU TOLRNC COMPL PG BRTH/PP"	"ABN MAT GLU TOLRNC COMPL PG BRTH/PP"
"648.80"	"ABN MAT GLU TOLR COMP PG/PP UNS EOC"	"ABN MAT GLUCOSE TOLERANCE COMPL PG CB/PP UNS EOC"
"648.81"	"ABNORMAL MTRN GLU TOLERANCE W/DELIV"	"ABNORMAL MATERNAL GLUCOSE TOLERANCE W/DELIVERY"
"648.82"	"ABN MTRN GLU TOLRNC DEL W/CURR PPC"	"ABNORMAL MTRN GLU TOLRNC W/DELIV W/CURRENT PPC"
"648.83"	"ABNORMAL MTRN GLU TOLERANCE ANTPRTM"	"ABNORMAL MATERNAL GLUCOSE TOLERANCE ANTEPARTUM"
"648.84"	"ABN MTRN GLU TOLRNC PREV PP COND"	"ABNORMAL MTRN GLU TOLERANCE PREVIOUS PP COND"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"648.9"	"OTH CURRNT MAT COND COMPL PG CB/PP"	"OTH CURRENT MATERNAL COND COMPL PG CHILDBIRTH/PP"
"648.90"	"OTH CUR MAT CCE-COMPL PG/PP-UNS EOC"	"OTH CURRENT MATERNAL CCE-COMPL PG CB/PP-UNS EOC"
"648.91"	"OTH CURRENT MATERNAL CCE W/DELIVERY"	"OTH CURRENT MATERNAL CCE W/DELIVERY"
"648.92"	"OTH CURRNT MAT CCE-W/DEL W/PP COMPL"	"OTH CURRENT MATERNAL CCE W/DEL W/CURRNT PP COMPL"
"648.93"	"OTH CURRENT MATERNAL CCE ANTEPARTUM"	"OTH CURRENT MAT CONDS CLASSIFIABLE ELSW ANTPRTM"
"648.94"	"OTH CURRNT MATERNL CCE-PREV PP COND"	"OTH CURRENT MATERNAL CCE-PREVIOUS PP CONDITION"
"65"	"OPERATIONS ON OVARY"	"OPERATIONS ON OVARY"
"65.0"	"OOPHOROTOMY"	"OOPHOROTOMY"
"65.01"	"LAPAROSCOPIC OOPHOROTOMY"	"LAPAROSCOPIC OOPHOROTOMY"
"65.09"	"OTHER OOPHORECTOMY"	"OTHER OOPHORECTOMY"
"65.1"	"DIAGNOSTIC PROCEDURES ON OVARIES"	"DIAGNOSTIC PROCEDURES ON OVARIES"
"65.11"	"ASPIRATION BIOPSY OF OVARY"	"ASPIRATION BIOPSY OF OVARY"
"65.12"	"OTHER BIOPSY OF OVARY"	"OTHER BIOPSY OF OVARY"
"65.13"	"LAPAROSCOPIC BIOPSY OF OVARY"	"LAPAROSCOPIC BIOPSY OF OVARY"
"65.14"	"OTH LAPAROSCOPIC DX PROC OVARIES"	"OTHER LAPAROSCOPIC DIAGNOSTIC PROCEDURES OVARIES"
"65.19"	"OTHER DIAGNOSTIC PROCEDURES OVARIES"	"OTHER DIAGNOSTIC PROCEDURES ON OVARIES"
"65.2"	"LOC EXC/DESTRUC OVARIAN LES/TISSUE"	"LOCAL EXCISION/DESTRUCTION OVARIAN LESION/TISSUE"
"65.21"	"MARSUPIALIZATION OF OVARIAN CYST"	"MARSUPIALIZATION OF OVARIAN CYST"
"65.22"	"WEDGE RESECTION OF OVARY"	"WEDGE RESECTION OF OVARY"
"65.23"	"LAP MARSUPIALIZATION OVARIAN CYST"	"LAPAROSCOPIC MARSUPIALIZATION OF OVARIAN CYST"
"65.24"	"LAPAROSCOPIC WEDGE RESECTION OVARY"	"LAPAROSCOPIC WEDGE RESECTION OF OVARY"
"65.25"	"OTH LAP LOCAL EXCISION/DESTRUC OVRY"	"OTH LAPAROSCOPIC LOCAL EXCISION/DESTRUC OVARY"
"65.29"	"OTH LOCAL EXCISION/DESTRUC OVARY"	"OTHER LOCAL EXCISION OR DESTRUCTION OF OVARY"
"65.3"	"UNILATERAL OOPHORECTOMY"	"UNILATERAL OOPHORECTOMY"
"65.31"	"LAP UNILATERAL OOPHORECTOMY"	"LAPAROSCOPIC UNILATERAL OOPHORECTOMY"
"65.39"	"OTHER UNILATERAL OOPHORECTOMY"	"OTHER UNILATERAL OOPHORECTOMY"
"65.4"	"UNILATERAL SALPINGO-OOPHORECTOMY"	"UNILATERAL SALPINGO-OOPHORECTOMY"
"65.41"	"LAPAROSCOPIC UNILATERAL S-O"	"LAPAROSCOPIC UNILATERAL SALPINGO-OOPHORECTOMY"
"65.49"	"OTHER UNILATERAL S-O"	"OTHER UNILATERAL SALPINGO-OOPHORECTOMY"
"65.5"	"BILATERAL OOPHORECTOMY"	"BILATERAL OOPHORECTOMY"
"65.51"	"OTH REMOV 2 OVARIES @ SAME SURG"	"OTH REMOVAL BOTH OVARIES@SAME OPERATIVE EPISODE"
"65.52"	"OTHER REMOVAL OF REMAINING OVARY"	"OTHER REMOVAL OF REMAINING OVARY"
"65.53"	"LAP REMOV 2 OVARIES @ SAME SURG"	"LAP REMOVAL BOTH OVARIES@SAME OPERATIVE EPIS"
"65.54"	"LAP REMOVAL REMAINING OVARY"	"LAPAROSCOPIC REMOVAL OF REMAINING OVARY"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"65.6"	"BILATERAL SALPINGO-OOPHORECTOMY"	"BILATERAL SALPINGO-OOPHORECTOMY"
"65.61"	"OTH REMOV BIL OVARY-TUBE-SAME SURG"	"OTH REMOVAL BOTH OVARIES&TUBES@SAME OP EPIS"
"65.62"	"OTHER REMOVAL REMAINING OVARY&TUBE"	"OTHER REMOVAL OF REMAINING OVARY AND TUBE"
"65.63"	"LAP REMOV BIL OVARY-TUBE-SAME SURG"	"LAP REMOVAL BOTH OVARIES&TUBES@SAME OP EPIS"
"65.64"	"LAP REMOVAL REMAINING OVARY&TUBE"	"LAPAROSCOPIC REMOVAL OF REMAINING OVARY AND TUBE"
"65.7"	"REPAIR OF OVARY"	"REPAIR OF OVARY"
"65.71"	"OTHER SIMPLE SUTURE OF OVARY"	"OTHER SIMPLE SUTURE OF OVARY"
"65.72"	"OTHER REIMPLANTATION OF OVARY"	"OTHER REIMPLANTATION OF OVARY"
"65.73"	"OTHER SALPINGO-OOPHOROPLASTY"	"OTHER SALPINGO-OOPHOROPLASTY"
"65.74"	"LAPAROSCOPIC SIMPLE SUTURE OF OVARY"	"LAPAROSCOPIC SIMPLE SUTURE OF OVARY"
"65.75"	"LAPAROSCOPIC REIMPLANTATION OVARY"	"LAPAROSCOPIC REIMPLANTATION OF OVARY"
"65.76"	"LAPAROSCOPIC SALPINGO-OOPHOROPLASTY"	"LAPAROSCOPIC SALPINGO-OOPHOROPLASTY"
"65.79"	"OTHER REPAIR OF OVARY"	"OTHER REPAIR OF OVARY"
"65.8"	"LYSIS ADHES OVARY&FALLOPIAN TUBE"	"LYSIS OF ADHESIONS OF OVARY AND FALLOPIAN TUBE"
"65.81"	"LAP LYSIS OVARY-FALLOP TUBE ADHES"	"LAPAROSCPIC LYSIS ADHESIONS OVARY&FALLOPIAN TUBE"
"65.89"	"OTH LYSIS ADHES OVARY&FALLOP TUBE"	"OTHER LYSIS OF ADHESIONS OF OVARY&FALLOPIAN TUBE"
"65.9"	"OTHER OPERATIONS ON OVARY"	"OTHER OPERATIONS ON OVARY"
"65.91"	"ASPIRATION OF OVARY"	"ASPIRATION OF OVARY"
"65.92"	"TRANSPLANTATION OF OVARY"	"TRANSPLANTATION OF OVARY"
"65.93"	"MANUAL RUPTURE OF OVARIAN CYST"	"MANUAL RUPTURE OF OVARIAN CYST"
"65.94"	"OVARIAN DENERVATION"	"OVARIAN DENERVATION"
"65.95"	"RELEASE OF TORSION OF OVARY"	"RELEASE OF TORSION OF OVARY"
"65.99"	"OTHER OPERATIONS ON OVARY"	"OTHER OPERATIONS ON OVARY"
"650"	"NORMAL DELIVERY"	"NORMAL DELIVERY"
"651"	"MULTIPLE GESTATION"	"MULTIPLE GESTATION"
"651.0"	"TWIN PREGNANCY"	"TWIN PREGNANCY"
"651.00"	"TWIN PREGNANCY UNSPEC AS EPIS CARE"	"TWIN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE"
"651.01"	"TWIN PREGNANCY"	DELIVERED"
"651.03"	"TWIN PREGNANCY"	ANTEPARTUM"
"651.1"	"TRIPLER PREGNANCY"	"TRIPLER PREGNANCY"
"651.10"	"TRIPLER PG UNSPEC AS EPIS CARE"	"TRIPLER PREGNANCY UNSPECIFIED AS TO EPISODE CARE"
"651.11"	"TRIPLER PREGNANCY"	DELIVERED"
"651.13"	"TRIPLER PREGNANCY"	ANTEPARTUM"
"651.2"	"QUADRUPLET PREGNANCY"	"QUADRUPLET PREGNANCY"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"651.20"	"QUADRUPLET PG UNSPEC AS EPIS CARE"	"QUADRUPLET PREGNANCY UNSPECIFIED AS EPISODE CARE"
"651.21"	"QUADRUPLET PREGNANCY"	"DELIVERED"
"651.23"	"QUADRUPLET PREGNANCY"	"ANTEPARTUM"
"651.3"	"TWIN PG W/FETAL LOSS&RETN 1 FETUS"	"TWIN PREGNANCY W/FETAL LOSS&RETENTION ONE FETUS"
"651.30"	"TWIN PG-FETAL LOSS&RETAIN 1-UNS EOC"	"TWIN PREG W/FETL LOSS&RETAIN 1 FETUS-UNS EOC"
"651.31"	"TWIN PG-FETAL LOSS&RETN 1 FETUS DEL"	"TWIN PG W/FETAL LOSS&RETENTION 1 FETUS DELIV"
"651.33"	"TWIN PG-FETAL LOSS&RETAIN 1 ANTPRTM"	"TWIN PG W/FETAL LOSS&RETENTION 1 FETUS ANTPRTM"
"651.4"	"TRIPLT PG W/FETAL LOSS&RETN 1/MORE"	"TRIPLT PREGNANCY W/FETAL LOSS&RETENTION 1/MORE"
"651.40"	"TRIPLT PG-FETL LOSS&RETN 1/>UNS EOC"	"TRIPLT PREG W/FETAL LOSS&RETN 1/> FETUS-UNS EOC"
"651.41"	"TRIPLT PG W/FETL LOSS&RETN 1/> DEL"	"TRIPLT PG W/FETAL LOSS&RETENTION 1/MORE DELIV"
"651.43"	"TRIPLT PG-FETL LOSS&RETN 1/>ANTPRTM"	"TRIPLT PG W/FETAL LOSS&RETENTION 1/MORE ANTPRTM"
"651.5"	"QUAD PG W/FETL LOSS&RETAIN 1/MOR"	"QUADRUPLET PG W/FETAL LOSS&RETENTION 1/MORE"
"651.50"	"QUAD PG-FETL LOSS&RETN 1/>UNS EOC"	"QUAD PREG W/FETAL LOSS&RETN 1/> FETUS-UNS EOC"
"651.51"	"QUAD PG W/FETAL LOSS&RETN 1/> DEL"	"QUADRUPLET PG W/FETAL LOSS&RETN 1/MORE DELIV"
"651.53"	"QUAD PG-FETL LOSS&RETN 1/> ANTPRTM"	"QUADRUPLET PG W/FETAL LOSS&RETN 1/MORE ANTPRTM"
"651.6"	"OTH MX PG W/FETAL LOSS&RETN 1/MORE"	"OTH MX PG W/FETAL LOSS&RETENTION 1/MORE FETUS"
"651.60"	"OTH MX PG-FETL LOSS&RETN 1/>UNS EOC"	"OTH MULT PREG W/FETAL-RETAIN >= 1 FETUS-UNS EOC"
"651.61"	"OTH MX PG-FETAL LOSS&RETAIN 1/>DEL"	"OTH MX PG W/FETAL LOSS&RETN 1/MORE FETUS DELIV"
"651.63"	"OTH MX PG-FETL LOSS&RETN 1/>ANTPRTM"	"OTH MX PG W/FETAL LOSS&RETN 1/MORE FETUS ANTPRTM"
"651.8"	"OTHER SPECIFIED MULTIPLE GESTATION"	"OTHER SPECIFIED MULTIPLE GESTATION"
"651.80"	"OTH SPEC MX GEST UNS AS EPIS CARE"	"OTH SPEC MULTIPLE GESTATION UNSPEC AS EPIS CARE"
"651.81"	"OTH SPEC MULTIPLE GESTATION DELIV"	"OTHER SPECIFIED MULTIPLE GESTATION DELIVERED"
"651.83"	"OTH SPEC MULTIPLE GESTATION ANTPRTM"	"OTHER SPECIFIED MULTIPLE GESTATION ANTEPARTUM"
"651.9"	"UNSPECIFIED MULTIPLE GESTATION"	"UNSPECIFIED MULTIPLE GESTATION"
"651.90"	"UNSPEC MX GEST UNSPEC AS EPIS CARE"	"UNSPEC MULTIPLE GESTATION UNSPEC AS EPISODE CARE"
"651.91"	"UNSPEC MULTIPLE GESTATION DELIVERED"	"UNSPECIFIED MULTIPLE GESTATION DELIVERED"
"651.93"	"UNSPEC MULTIPLE GESTATION ANTPRTM"	"UNSPECIFIED MULTIPLE GESTATION ANTEPARTUM"
"652"	"MALPOSITION&MALPRESENTATION FETUS"	"MALPOSITION AND MALPRESENTATION OF FETUS"
"652.0"	"UNSTABLE LIE OF FETUS"	"UNSTABLE LIE OF FETUS"
"652.00"	"UNSTABLE LIE FETUS UNS AS EPIS CARE"	"UNSTABLE LIE FETUS UNSPECIFIED AS EPISODE CARE"
"652.01"	"UNSTABLE LIE OF FETUS"	"DELIVERED"
"652.03"	"UNSTABLE LIE OF FETUS"	"ANTEPARTUM"
"652.1"	"BREECH/OTH MALPRESNT CONVRT CEPHALC"	"BREECH/OTH MALPRSATION CONVRT CEPHALIC PRSATION"
"652.10"	"BREECH/OTH CONVERT-CEPHAL-UNS EOC"	"BREECH/MALPRESENT CONVERTED TO CEPHALIC-UNS EOC"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"652.11"	"BREECH/OTH CONVERT CEPHAL DEL"	"BREECH/ MALPRSATION CONVRT CEPHALIC PRSATION DEL"
"652.13"	"BREECH/OTH CONVERT-CEPHAL-ANTPRTM"	"BREECH/MALPRESENT CONVERTED TO CEPHALIC-APC/C"
"652.2"	"BREECH PRESENTATION W/O VERSION"	"BREECH PRESENTATION WITHOUT MENTION OF VERSION"
"652.20"	"BREECH PRSATION W/O VERSION UNS EOC"	"BREECH PRESENTATION W/O VERSION UNS EPIS CARE"
"652.21"	"BREECH PRSATION W/O VERSION DELIV"	"BREECH PRESENTATION W/O MENTION VERSION DELIV"
"652.23"	"BREECH PRSATION W/O VERSION ANTPRTM"	"BREECH PRESENTATION W/O MENTION VERSION ANTPRTM"
"652.3"	"TRNS/OBLIQUE PRESENTATION FETUS"	"TRANSVERSE OR OBLIQUE PRESENTATION OF FETUS"
"652.30"	"TRNS/OBL FETL PRSATION UNS EOC"	"TRNS/OBL FETAL PRESENTATION UNSPEC AS EPIS CARE"
"652.31"	"TRNS/OBL FETAL PRESENTATION DELIV"	"TRANSVERSE/OBLIQUE FETAL PRESENTATION DELIVERED"
"652.33"	"TRNS/OBL FETAL PRESENTATION ANTPRTM"	"TRANSVERSE/OBLIQUE FETAL PRESENTATION ANTEPARTUM"
"652.4"	"FETAL FACE/BROW PRESENTATION FETUS"	"FETAL FACE OR BROW PRESENTATION OF FETUS"
"652.40"	"FETL FCE/BROW PRSATION UNS EOC"	"FETAL FACE/BROW PRESENTATION UNSPEC AS EPIS CARE"
"652.41"	"FETAL FACE/BROW PRESENTATION DELIV"	"FETAL FACE OR BROW PRESENTATION DELIVERED"
"652.43"	"FETAL FCE/BROW PRESENTATION ANTPRTM"	"FETAL FACE OR BROW PRESENTATION ANTEPARTUM"
"652.5"	"HIGH FETAL HEAD AT TERM"	"HIGH FETAL HEAD AT TERM"
"652.50"	"HI FETAL HEAD@TERM UNS AS EPIS CARE"	"HIGH FETAL HEAD@TERM UNSPECIFIED AS EPISODE CARE"
"652.51"	"HIGH FETAL HEAD AT TERM"	DELIVERED"
"652.53"	"HIGH FETAL HEAD AT TERM"	ANTEPARTUM"
"652.6"	"MX GEST W/MALPRSATION 1 FETUS/MORE"	"MULTIPLE GEST W/MALPRESENTATION 1 FETUS/MORE"
"652.60"	"MX GEST W/MALPRSNT 1 FETUS/>UNS EOC"	"MX GEST W/MALPRSATION 1 FETUS/MORE UNS EPIS CARE"
"652.61"	"MX GEST W/MALPRESNT 1 FETUS/MOR DEL"	"MX GEST W/MALPRESENTATION 1 FETUS/MORE DELIV"
"652.63"	"MX GEST W/MALPRSNT 1 FETUS/>ANTPRTM"	"MX GEST W/MALPRESENTATION 1 FETUS/MORE ANTPRTM"
"652.7"	"PROLAPSED ARM OF FETUS"	"PROLAPSED ARM OF FETUS"
"652.70"	"PROLAPSD ARM FETUS UNS AS EPIS CARE"	"PROLAPSED ARM FETUS UNSPECIFIED AS EPISODE CARE"
"652.71"	"PROLAPSED ARM OF FETUS"	DELIVERED"
"652.73"	"PROLAPSD ARM FETUS ANTPRTM COMP"	"PROLAPSED ARM FETUS ANTEPARTUM COND/COMPLICATION"
"652.8"	"OTH SPEC MALPSTN/MALPRSATION FETUS"	"OTHER SPEC MALPOSITION/MALPRESENTATION FETUS"
"652.80"	"OTH MALPOS/MALPRESENT FETUS UNS EOC"	"OTH SPEC MALPSTN/MALPRSATION FETUS UNS EPIS CARE"
"652.81"	"OTH MALPSTN/MALPRSATION FETUS DELIV"	"OTH SPEC MALPOSITION/MALPRESENTATION FETUS DELIV"
"652.83"	"OTH MALPOS/MALPRESENT FETUS ANTPRTM"	"OTH SPEC MALPSTN/MALPRESENTATION FETUS ANTPRTM"
"652.9"	"UNS MALPSTN/MALPRESENTATION FETUS"	"UNSPECIFIED MALPOSITION OR MALPRESENTATION FETUS"
"652.90"	"UNS MALPOS/MALPRESENT FETUS UNS EOC"	"UNS MALPSTN/MALPRESENTATION FETUS UNS EPIS CARE"
"652.91"	"UNS MALPSTN/MALPRSATION FETUS DELIV"	"UNSPEC MALPOSITION/MALPRESENTATION FETUS DELIV"
"652.93"	"UNS MALPOS/MALPRESENT FETUS ANTPRTM"	"UNSPEC MALPOSITION/MALPRESENTATION FETUS ANTPRTM"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"653"	"DISPROPORTION IN PREGNANCY L&D"	"DISPROPORTION IN PREGNANCY LABOR AND DELIVERY"
"653.0"	"MAJ ABN BONY PELV NOT FURTHER PG"	"MAJOR ABNORM BONY PELV NOT FURTHER SPEC PG"
"653.00"	"MAJ ABN BONY PELVIS NFS PG UNS EOC"	"MAJ ABN BONY PELV NOT FURTHER SPEC PG UNS EOC"
"653.01"	"MAJ ABN BONY PELV NOT FURTHER DELIV"	"MAJOR ABNORM BONY PELVIS NOT FURTHER SPEC DELIV"
"653.03"	"MAJ ABN BONY PELVIS NFS ANTPRTM"	"MAJOR ABNORM BONY PELV NOT FURTHER SPEC ANTPRTM"
"653.1"	"GENERALLY CONTRACTED PELV PREGNANCY"	"GENERALLY CONTRACTED PELVIS IN PREGNANCY"
"653.10"	"GENLY CONTRACTED PELV PG UNS EOC PG"	"GENLY CONTRACTED PELV PG UNSPEC AS EPIS CARE PG"
"653.11"	"GENERALLY CONTRACTED PELV PG DELIV"	"GENERALLY CONTRACTED PELVIS PREGNANCY DELIVERED"
"653.13"	"GENLY CONTRACTED PELV PG ANTPRTM"	"GENERALLY CONTRACTED PELVIS PREGNANCY ANTEPARTUM"
"653.2"	"INLET CONTRACTION PELVIS PREGNANCY"	"INLET CONTRACTION OF PELVIS IN PREGNANCY"
"653.20"	"INLET CONTRAC PELV PG UNS EOC PG"	"INLET CONTRACTION PELV PG UNSPEC AS EPIS CARE PG"
"653.21"	"INLET CONTRACTION PELV PG DELIV"	"INLET CONTRACTION OF PELVIS PREGNANCY DELIVERED"
"653.23"	"INLET CONTRACTION PELV PG ANTPRTM"	"INLET CONTRACTION OF PELVIS PREGNANCY ANTEPARTUM"
"653.3"	"OUTLET CONTRACTION PELVIS PREGNANCY"	"OUTLET CONTRACTION OF PELVIS IN PREGNANCY"
"653.30"	"OUTLET CONTRAC PELV PG UNS EOC PG"	"OUTLET CONTRAC PELV PG UNSPEC AS EPIS CARE PG"
"653.31"	"OUTLET CONTRACTION PELV PG DELIV"	"OUTLET CONTRACTION OF PELVIS PREGNANCY DELIVERED"
"653.33"	"OUTLET CONTRACTION PELV PG ANTPRTM"	"OUTLET CONTRACTION PELVIS PREGNANCY ANTEPARTUM"
"653.4"	"FETOPELVIC DISPROPORTION"	"FETOPELVIC DISPROPORTION"
"653.40"	"FETOPELV DISPROPRTN UNS EPIS CARE"	"FETOPELVIC DISPROPORTION UNSPEC AS EPISODE CARE"
"653.41"	"FETOPELVIC DISPROPORTION"	"DELIVERED"
"653.43"	"FETOPELVIC DISPROPORTION ANTEPARTUM"	"FETOPELVIC DISPROPORTION ANTEPARTUM"
"653.5"	"UNUSUALLY LG FETUS CAUS DISPROPRTN"	"UNUSUALLY LARGE FETUS CAUSING DISPROPORTION"
"653.50"	"UNUSUAL LG FETUS DISPROPRTN UNS EOC"	"UNUSULLY LG FETUS CAUS DISPROPRTN UNS EPIS CARE"
"653.51"	"UNUSUAL LG FETUS DISPROPRTION-DEL"	"UNUSUALLY LARGE FETUS CAUS DISPROPRTN DELIVERED"
"653.53"	"UNUSUAL LG FETUS DISPROPRTN ANTPRTM"	"UNUSUALLY LARGE FETUS CAUSING DISPROPRTN ANTPRTM"
"653.6"	"HYDROCEPHALIC FETUS CAUS DISPROPRTN"	"HYDROCEPHALIC FETUS CAUSING DISPROPORTION"
"653.60"	"HYDROCEPHL FETUS DISPROPRTN UNS EOC"	"HYDROCEPHALIC FETUS CAUS DISPROPRTN UNS EOC"
"653.61"	"HYDROCEPHAL FETUS DISPROPRTN DEL"	"HYDROCEPHALIC FETUS CAUSING DISPROPRTN DELIVERED"
"653.63"	"HYDROCEPHL FETUS DISPROPRTN ANTPRTM"	"HYDROCEPHALIC FETUS CAUSING DISPROPRTN ANTPRTM"
"653.7"	"OTH FETAL ABNORM CAUSING DISPROPRTN"	"OTHER FETAL ABNORMALITY CAUSING DISPROPORTION"
"653.70"	"OTH FETAL ABN DISPROPRTN UNS EOC"	"OTH FETAL ABNORM CAUS DISPROPRTN UNS EPIS CARE"
"653.71"	"OTH FETAL ABN CAUS DISPROPRTN DELIV"	"OTH FETAL ABNORM CAUSING DISPROPRTN DELIVERED"
"653.73"	"OTH FETAL ABN DISPROPRTN ANTPRTM"	"OTH FETAL ABNORM CAUSING DISPROPRTN ANTEPARTUM"
"653.8"	"FETAL DISPROPORTION OF OTHER ORIGIN"	"FETAL DISPROPORTION OF OTHER ORIGIN"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"653.80"	"FETL DISPROPRTN OTH ORIGIN UNS EOC"	"FETAL DISPROPRTN OTH ORIGIN UNSPEC AS EPIS CARE"
"653.81"	"FETAL DISPROPRTN OTH ORIGIN DELIV"	"FETAL DISPROPORTION OF OTHER ORIGIN DELIVERED"
"653.83"	"FETAL DISPROPRTN OTH ORIGIN ANTPRTM"	"FETAL DISPROPORTION OF OTHER ORIGIN ANTEPARTUM"
"653.9"	"UNSPECIFIED FETAL DISPROPORTION"	"UNSPECIFIED FETAL DISPROPORTION"
"653.90"	"UNS FETAL DISPROPRTN UNS EPIS CARE"	"UNSPEC FETAL DISPROPRTN UNSPEC AS EPISODE CARE"
"653.91"	"UNSPEC FETAL DISPROPRTN DELIVERED"	"UNSPECIFIED FETAL DISPROPORTION DELIVERED"
"653.93"	"UNSPEC FETAL DISPROPRTN ANTEPARTUM"	"UNSPECIFIED FETAL DISPROPORTION ANTEPARTUM"
"654"	"ABN ORGN&TISS PELV COMPL PG CB/PP"	"ABNORMALITY OF ORGANS & SOFT TISSUES OF PELVIS"
"654.0"	"CONGEN ABN PG UTERS COMPL PG CB/PP"	"CONGENITAL ABNORMALITIES OF UTERUS"
"654.00"	"CONGN ABNORM PG UTRUS UNS EPIS CARE"	"CONGEN ABNORM PG UTERUS UNSPEC AS EPIS CARE"
"654.01"	"CONGEN ABNORM PREGNANT UTERUS DELIV"	"CONGENITAL ABNORM PREGNANT UTERUS DELIVERED"
"654.02"	"CONGN ABN PG UTRUS DELIV W/ PPC"	"CONGEN ABNORM PG UTERUS DELIV W/MENTION PPC"
"654.03"	"CONGEN ABNORM PG UTERUS ANTPRTM"	"CONGENITAL ABNORM PREGNANT UTERUS ANTEPARTUM"
"654.04"	"CONGENITAL ABNORM PREGNANT UTERUS"	"CONGENITAL ABNORMALITIES OF PREGNANT UTERUS"
"654.1"	"TUMORS OF BODY OF PREGNANT UTERUS"	"TUMORS OF BODY OF PREGNANT UTERUS"
"654.10"	"TUMRS BDY PG UTRUS UNS EPIS CARE PG"	"TUMORS BODY PG UTERUS UNSPEC AS EPIS CARE PG"
"654.11"	"TUMORS OF BODY OF UTERUS"	DELIVERED"
"654.12"	"TUMRS BDY UTRUS DELIV W/MENTION PPC"	"TUMORS BODY UTERUS DELIVERED W/MENTION PPC"
"654.13"	"TUMRS BODY UTERUS ANTPRTM COND/COMP"	"TUMORS BODY UTERUS ANTEPARTUM COND/COMPLICATION"
"654.14"	"TUMORS BODY UTERUS PP COND/COMP"	"TUMORS BODY UTERUS POSTPARTUM COND/COMPLICATION"
"654.2"	"PREVIOUS C-SECTION NOS"	"PREV C/S SECTION COMP PG CHLDBRTH/THE PUERPERIUM"
"654.20"	"PREV C/S DELIV UNS EOC/NOT APPLIC"	"PREV C/S DELIV UNSPEC AS EPIS CARE/NOT APPLIC"
"654.21"	"PREV C/S DEL DEL W/VO ANTPRTM COND"	"PREV C/S DELIV DELIV W/VO MENTION ANTPRTM COND"
"654.23"	"PREV C/S DELIV ANTPRTM COND/COMP"	"PREVIOUS C-SECT DELIVERY ANTPRTM COND/COMP"
"654.3"	"RETROVERT&INCARCERAT GRAVID UTERUS"	"RETROVERTED AND INCARCERATED GRAVID UTERUS"
"654.30"	"RETROVRT GRAVID UTERUS UNS EOC"	"RETROVRT&INCARCERAT GRAVID UTRUS UNS EPIS CARE"
"654.31"	"RETROVRT&INCARCERAT GRAVD UTRUS DEL"	"RETROVERTED&INCARCERATED GRAVID UTERUS DELIVERED"
"654.32"	"RETROVRT GRAVID UTERUS DEL-PP COMPL"	"RETROVRT&INCARCERAT GRAVD UTRUS DELIV W/ PPC"
"654.33"	"RETROVERT GRAVID UETRUS ANTEPARTUM"	"RETROVERTED&INCARCERATED GRAVID UTERUS ANTPRTM"
"654.34"	"RETROVRT&INCARCERAT GRAVID UTRUS PP"	"RETROVERTED&INCARCERAT GRAVID UTERUS POSTPARTUM"
"654.4"	"OTH ABN SHAPE/POS GRAVID UTERUS"	"OTH ABN SHAPE/POSTION GRAVIDA UTERUS&NGHBR STRCT"
"654.40"	"OTH ABN SHAPE GRAVID UTERUS-UNS EOC"	"OTH ABNORMAL SHAPE/POSITON GRAVID UTERUS-UNS EOC"
"654.41"	"OTH ABN SHAPE/POS GRAV UTERUS-DEL"	"OTH ABN SHAPE/PSTN GRAVD UTRUS&NGHBR STRCT DELIV"
"654.42"	"OTH ABN SHAPE GRAV UTRS DEL-PP COMPL"	"OTH ABN SHAPE/POS GRAVID UTERUS DEL W/PP COMPL"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"654.43"	"OTH ABN SHAP/POS GRAV UTRUS ANTPRTM"	"OTH ABN SHAPE/POSITION GRAVID UTERUS ANTEPARTUM"
"654.44"	"OTH ABN SHAPE/POS GRAV UTERUS PP"	"OTH ABN SHAPE/PSTN GRAVD UTRUS&OF NGHBR STRCT PP"
"654.5"	"CERVIX INCOMPET IN PREG"	"CERV INCOMPETNCE COMP PG CHLDBRTH/THE PUERPERIUM"
"654.50"	"CERV INCOMPETNCE UNS EPIS CARE PG"	"CERV INCOMPETENCE UNSPEC AS EPIS CARE PREGNANCY"
"654.51"	"CERVICAL INCOMPETENCE	DELIVERED"
"654.52"	"CERV INCOMPETNCE DELIV W/ PPC"	"CERVICAL INCOMPETENCE DELIVERED W/MENTION PPC"
"654.53"	"CERV INCOMPETENCE ANTPRTM COND/COMP"	"CERVICAL INCOMPETENCE ANTPRTM COND/COMPLICATION"
"654.54"	"CERV INCOMPETENCE PP COND/COMP"	"CERV INCOMPETENCE POSTPARTUM COND/COMPLICATION"
"654.6"	"OTH CONGN/ACQ ABN CERV COMPL PG/PP"	"OTH CONGENITAL OR ACQUIRED ABNORMALITY OF CERVIX"
"654.60"	"OTH CONGN/ACQ ABN CERV UNS EOC PG"	"OTH CONGN/ACQ ABNORM CERV UNSPEC AS EPIS CARE PG"
"654.61"	"OTH CONGEN/ACQ ABNORM CERV W/DELIV"	"OTH CONGENITAL/ACQUIRED ABNORM CERVIX W/DELIVERY"
"654.62"	"OTH CONGN/ACQ ABN CERV DELIV W/ PPC"	"OTH CONGEN/ACQ ABNORM CERV DELIV W/MENTION PPC"
"654.63"	"OTH CONGN/ACQ ABN CERV ANTPRTM COMP"	"OTH CONGENITAL/ACQ ABNORM CERV ANTPRTM COND/COMP"
"654.64"	"OTH CONGN/ACQ ABN CERV PP COND/COMP"	"OTH CONGEN/ACQ ABNORM CERV POSTPARTUM COND/COMP"
"654.7"	"ABNORMAL VAGINA IN PREG"	"CONGENITAL OR ACQUIRED ABNORMALITY OF VAGINA"
"654.70"	"CONGN/ACQ ABN VAG UNS EPIS CARE PG"	"CONGEN/ACQ ABNORM VAGINA UNSPEC AS EPIS CARE PG"
"654.71"	"CONGEN/ACQ ABNORM VAGINA W/DELIVERY"	"CONGENITAL/ACQUIRED ABNORM VAGINA W/DELIVERY"
"654.72"	"CONGN/ACQ ABN VAG DELIV W/ PPC"	"CONGEN/ACQ ABNORM VAGINA DELIVERED W/MENTION PPC"
"654.73"	"CONGN/ACQ ABN VAG ANTPRTM COND/COMP"	"CONGENITAL/ACQ ABNORM VAGINA ANTPRTM COND/COMP"
"654.74"	"CONGN/ACQ ABNORM VAG PP COND/COMP"	"CONGEN/ACQ ABNORM VAGINA POSTPARTUM COND/COMP"
"654.8"	"CONGEN/ACQ ABN VULVA COMPL PG CB/PP"	"CONGEN/ACQUIRED ABN VULVA COMPL PG CB/PP"
"654.80"	"CONGN/ACQ ABN VULVA UNS EOC PG"	"CONGEN/ACQ ABNORM VULVA UNSPEC AS EPIS CARE PG"
"654.81"	"CONGEN/ACQ ABNORM VULVA W/DELIVERY"	"CONGENITAL/ACQUIRED ABNORMALITY VULVA W/DELIVERY"
"654.82"	"CONGN/ACQ ABN VULVA DELIV W/ PPC"	"CONGEN/ACQ ABNORM VULVA DELIVERED W/MENTION PPC"
"654.83"	"CONGN/ACQ ABN VULVA ANTPRTM COMP"	"CONGENITAL/ACQ ABNORM VULVA ANTPRTM COND/COMP"
"654.84"	"CONGN/ACQ ABNORM VULVA PP COND/COMP"	"CONGENITAL/ACQ ABNORM VULVA POSTPARTUM COND/COMP"
"654.9"	"OTH&UNS ABN ORGN&PLV COMPL PG CB&PP"	"OTH&UNS ABN ORGAN&SFT TISS PELVIS COMPL PG CB&PP"
"654.90"	"OTH&UNS ABN ORGN PELV UNS EOC PG"	"OTH&UNS ABN ORGANS&SOFT TISS PELVIS UNS EOC PG"
"654.91"	"UNS ABN ORGN&SFT TISS PELV DELIV"	"OTH&UNSPEC ABNORM ORGN&SOFT TISSUES PELV W/DELIV"
"654.92"	"OTH&UNS ABN ORGN&PLV DEL W/PP COMPL"	"OTH&UNS ABN ORGN&SOFT TISS PELVIS DEL W/PP COMPL"
"654.93"	"OTH&UNS ABN ORGN&PELV ANTPRTM COMPL"	"OTH&UNS ABN ORGN&PELVIS ANTPRTM COND/COMPL"
"654.94"	"UNS ABN ORGN&SFT TISS PELV PP COMP"	"OTH&UNS ABN ORGAN&SOFT TISS PELVIS PP COND/COMPL"
"655"	"KNOWN/SPCT FETAL ABNORM MGMT MOTH"	"KNOWN/SUSPECTED FETAL ABNORM AFFECT MGMT MOTH"
"655.0"	"CNS MALFORM FETUS AFFECT MGMT MOM"	"CNTRL NERV SYS MALFORM FETUS AFFECT MGMT MOTH"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"655.00"	"CNS MALFORMATION FETUS UNS EOC PG"	"CNTRL NERV SYS MALFORM FETUS UNS AS EPIS CARE PG"
"655.01"	"CNTRL NERV SYS MALFORM FETUS DELIV"	"CNTRL NERV SYS MALFORMATION IN FETUS W/DELIVERY"
"655.03"	"CNTRL NRV SYS MALFORM FETUS ANTPRTM"	"CNTRL NERV SYS MALFORMATION IN FETUS ANTEPARTUM"
"655.1"	"CHROMOSM ABNORM FETUS MGMT MOTH"	"CHROMOSOMAL ABNORM FETUS AFFECT MANAGEMENT MOTH"
"655.10"	"CHROMOSOM ABN FETUS UNS EOC PG"	"CHROMOSM ABNORM FETUS MGMT MOTH UNS EPIS CARE PG"
"655.11"	"CHROMOSM ABN FETUS MGMT MOTH DELIV"	"CHROMOSM ABNORM FETUS AFFECT MGMT MOTH W/DELIV"
"655.13"	"CHROMOSM ABN-MGMT MOM FETUS ANTPRTM"	"CHROMOSOM ABNORM FETUS AFFECT MGMT MOM ANTPRTM"
"655.2"	"HEREDIT DZ POSS AFFCT FTUS MGMT MOM"	"HEREDITARY DZ FAMILY POSS AFFECT FETUS MGMT MOM"
"655.20"	"HEREDIT DZ AFFCT FETUS UNS EOC PG"	"HEREDITARY DZ POSS AFFECT FETUS UNS EOC PG"
"655.21"	"HEREDIT DZ POSS AFFCT FETUS DEL"	"HEREDITARY DZ POSS AFFECT FETUS MGMT MOM W/DEL"
"655.23"	"HEREDIT DZ FETUS ANTPRTM COND/COMPL"	"HEREDITRY DZ POSS AFFCT FETUS ANTPRTM COND/COMPL"
"655.3"	"SPCT DMGE FTUS-VIRL DZ MOM MGMT MOM"	"SPCT DAMGE FETUS VIRAL DZ MOM AFFCT MGMT MOM"
"655.30"	"SPCT DMGE FTUS D/T MAT VIRS-UNS EOC"	"SUSPECTED DAMAGE FETUS MATERNL VIRUS-UNS EOC"
"655.31"	"SPCT DAMGE FETUS VIRL DZ MOM DEL"	"SPCT DAMGE FETUS VIRL DZ MOM AFFCT MGMT MOM DEL"
"655.33"	"SPCT DMGE FTUS-MAT VIRL DZ ANTPRTM"	"SPCT DAMGE FETUS VIRAL DZ MOM ANTPRTM COMPL"
"655.4"	"SPCT DMGE FETUS-OTH DZ MOM MGMT MOM"	"SPCT DAMGE FETUS OTH DZ MOM AFFCT MGMT MOM"
"655.40"	"SPCT DAMGE FETUS-OTH MAT DZ-UNS EOC"	"SPCT DAMGE FETUS OTH DZ MOM UNS EOC PG"
"655.41"	"SPCT DAMGE FETUS OTH DZ MOM DEL"	"SPCT DAMGE FETUS OTH DZ MOM AFFCT MGMT MOM DEL"
"655.43"	"SPCT DMGE FETUS-OTH MAT DZ ANTPRTM"	"SPCT DAMGE FETUS OTH DZ MOM ANTPRTM COND/COMPL"
"655.5"	"SPCT DAMGE FETUS FROM RX MGMT MOTH"	"SUSPECTED DAMGE FETUS FROM RX AFFECT MGMT MOTH"
"655.50"	"SPCT DMGE FETUS-RX MGMT MOM UNS EOC"	"SPCT DAMGE FETUS FROM RX MGMT MOTH UNS EPIS CARE"
"655.51"	"SPCT DAMGE FETUS RX MGMT MOTH DELIV"	"SPCT DAMGE FETUS FROM RX AFFECT MGMT MOTH DELIV"
"655.53"	"SPCT DMGE FETUS-RX-MGMT MOM ANTPRTM"	"SPCT DAMGE FETUS FROM RX AFFCT MGMT MOTH ANTPRTM"
"655.6"	"SPCT DAMGE FETUS FROM RAD MGMT MOTH"	"SUSPECTED DAMGE FETUS FROM RAD AFFECT MGMT MOTH"
"655.60"	"SPCT DMGE FTUS RAD MGMT MOM UNS EOC"	"SPCT DAMGE FETUS RAD MGMT MOTH UNS EPIS CARE"
"655.61"	"SPCT DAMGE FETUS RAD MGMT MOTH DEL"	"SPCT DAMGE FETUS FROM RAD AFFECT MGMT MOTH DELIV"
"655.63"	"SPCT DAMGE FETUS RAD-ANTPRTM COMPL"	"SPCT DAMGE FETUS RAD MGMT MOTH ANTPRTM COND/COMP"
"655.7"	"DECREASED FETAL MOVEMENTS"	"DECREASED FETAL MOVEMENTS"
"655.70"	"DECR FETAL MOVMENTS UNS AS EPIS CARE"	"DECREASED FETAL MOVEMENTS UNSPEC AS EPISODE CARE"
"655.71"	"DECR FETAL MOVMENTS MGMT MOTH DELIV"	"DECR FETAL MOVEMENTS AFFECT MGMT MOTH DELIV"
"655.73"	"DCRESL FETL MOVEMENT ANTPRTM COMPL"	"DECR FETAL MOVMENTS MGMT MOTH ANTPRTM COND/COMP"
"655.8"	"OTH KNWN/SPCT FETL ABN NEC-MGMT MOM"	"OTH KNOWN/SPCT FETAL ABNORM NEC AFFECT MGMT MOTH"
"655.80"	"OTH KNWN/SPCT FETL ABN NEC-UNS EOC"	"OTH KNOWN/SPCT FETL ABN NEC MGMT MOTH UNS EOC"
"655.81"	"OTH KNWN/SPCT FETL ABN NEC DEL"	"OTH KNOWN/SPCT FETAL ABNORM NEC MGMT MOTH DELIV"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"655.83"	"OTH KNWN FETL ABN-NEC-ANTPRTM COMPL"	"OTH KNOWN/SUSPECTED FETAL ABNORMALITY-NEC-APC/C"
"655.9"	"UNSPEC FETAL ABNORM AFFECT MGMT MOTH"	"UNSPEC FETAL ABNORM AFFECTING MANAGEMENT MOTH"
"655.90"	"UNS FETL ABN MGMT MOTH UNS EOC"	"UNS FETAL ABNORM MGMT MOTH UNS AS EPIS CARE"
"655.91"	"UNS FETAL ABNORM MGMT MOTH DELIV"	"UNSPEC FETAL ABNORM AFFECT MANAGEMENT MOTH DELIV"
"655.93"	"UNS FETL ABN MGMT MOTH ANTPRTM COMP"	"UNS FETAL ABNORM MGMT MOTH ANTPRTM COND/COMP"
"656"	"OTH FETAL&PLACNTL PROBS MGMT MOTH"	"OTH FETAL&PLACENTAL PROBLEMS AFFECT MGMT MOTH"
"656.0"	"FETAL-MTRN HEMORR AFFECT MGMT MOTH"	"FETAL-MATERNAL HEMORRHAGE AFFECT MANAGEMENT MOTH"
"656.00"	"FETAL-MTRN HEMORR UNS EPIS CARE PG"	"FETAL-MTRN HEMORR UNSPEC AS EPIS CARE PREGNANCY"
"656.01"	"FETAL-MATERNAL HEMORRHAGE W/DELIV"	"FETAL-MATERNAL HEMORRHAGE WITH DELIVERY"
"656.03"	"FETAL-MTRN HEMORR ANTPRTM COND/COMP"	"FETAL-MATERNAL HEMORRHAGE ANTPRTM COND/COMP"
"656.1"	"RHESUS ISOIMMUN AFFECT MGMT MOTH"	"RHESUS ISOIMMUNIZATION AFFECTING MANAGEMENT MOTH"
"656.10"	"RHESUS ISOIMMUN UNS AS EPIS CARE PG"	"RHESUS ISOIMMUNIZATION UNSPEC AS EPIS CARE PG"
"656.11"	"RHESUS ISOIMMUN MGMT MOTH DELIV"	"RHESUS ISOIMMUNIZATION AFFECT MGMT MOTH DELIV"
"656.13"	"RH ISOIMMUN-MGMT MOM ANTPRTM COND"	"RHESUS ISOIMMUN AFFECT MGMT MOTH ANTPRTM COND"
"656.2"	"ISOIMMUN UNS BLD-GRP INCOMPAT MOM"	"ISOIMMUN FROM OTH&UNS BLD-GRP INCOMPAT MGMT MOTH"
"656.20"	"ISOIMUN UNS BLD INCOMPAT UNS EOC PG"	"ISOIMMU UNS BLD-GRP INCOMPAT UNS EPIS CARE PG"
"656.21"	"ISOIMUN UNS BLD-GRP INCMPAT MOM DEL"	"ISOIMMU OTH&UNS BLD-GRP INCOMPAT MGMT MOTH DELIV"
"656.23"	"ISOIMUN UNS BLD-GRP INCMPAT ANTPRTM"	"ISOIMMU UNS BLD-GRP INCOMPAT MGMT MOTH ANTPRTM"
"656.3"	"FETAL DISTRESS AFFECT MGMT MOTH"	"FETAL DISTRESS AFFECTING MANAGEMENT OF MOTHER"
"656.30"	"FETL DISTRESS MGMT MOTH UNS EOC"	"FETAL DISTRESS AFFECT MGMT MOTH UNS AS EPIS CARE"
"656.31"	"FETAL DISTRESS MGMT MOTH DELIV"	"FETAL DISTRESS AFFECT MANAGEMENT MOTH DELIVERED"
"656.33"	"FETAL DISTRESS MGMT MOTH ANTPRTM"	"FETAL DISTRESS AFFECT MANAGEMENT MOTH ANTEPARTUM"
"656.4"	"INTRAUTERINE DEATH AFFECT MGMT MOTH"	"INTRAUTERINE DEATH AFFECTING MANAGEMENT MOTHER"
"656.40"	"INTRAUTERN DEATH MGMT MOTH UNS EOC"	"INTRAUTERN DEATH MGMT MOTH UNS AS EPIS CARE"
"656.41"	"INTRAUTERN DEATH MGMT MOTH DELIV"	"INTRAUTERINE DEATH AFFECT MANAGEMENT MOTH DELIV"
"656.43"	"INTRAUTERN DEATH MGMT MOTH ANTPRTM"	"INTRAUTERINE DEATH AFFECT MGMT MOTH ANTPRTM"
"656.5"	"POOR FETAL GROWTH AFFECT MGMT MOTH"	"POOR FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER"
"656.50"	"POOR FETL GROWTH MGMT MOTH UNS EOC"	"POOR FETAL GROWTH MGMT MOTH UNS AS EPIS CARE"
"656.51"	"POOR FETAL GROWTH MGMT MOTH DELIV"	"POOR FETAL GROWTH AFFECT MANAGEMENT MOTH DELIV"
"656.53"	"POOR FETL GROWTH ANTPRTM COND/COMPL"	"POOR FETAL GROWTH MGMT MOTH ANTPRTM COND/COMP"
"656.6"	"EXCESS FETAL GROWTH AFFECT MGMT MOTH"	"EXCESSIVE FETAL GROWTH AFFECTING MANAGEMENT MOTH"
"656.60"	"XCESS FETL GROWTH MGMT MOTH UNS EOC"	"XCESS FETAL GROWTH MGMT MOTH UNS AS EPIS CARE"
"656.61"	"XCESS FETAL GROWTH MGMT MOTH DELIV"	"EXCESS FETAL GROWTH AFFECT MANAGEMENT MOTH DELIV"
"656.63"	"XCESS FETL GROWTH MGMT MOTH ANTPRTM"	"EXCESS FETAL GROWTH AFFECT MGMT MOTH ANTPRTM"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"656.7"	"OTH PLACNTL CONDS AFFECT MGMT MOTH"	"OTH PLACENTAL CONDS AFFECTING MANAGEMENT MOTH"
"656.70"	"OTH PLACNTL COND MGMT MOTH UNS EOC"	"OTH PLACNTL CONDS MGMT MOTH UNS AS EPIS CARE"
"656.71"	"OTH PLACNTL CONDS MGMT MOTH DELIV"	"OTH PLACENTAL CONDS AFFECT MANAGEMENT MOTH DELIV"
"656.73"	"OTH PLACNTL CONDS MGMT MOTH ANTPRTM"	"OTH PLACENTAL CONDS AFFECT MGMT MOTH ANTPRTM"
"656.8"	"OTH FETL&PLACNTL PROBS MGMT MOTH"	"OTH SPEC FETAL&PLACNTL PROBLEMS AFFECT MGMT MOTH"
"656.80"	"OTH SPEC FETL&PLACNTL PROBS UNS EOC"	"OTH SPEC FETL&PLACNTL PROBS MGMT MOTH UNS EOC"
"656.81"	"OTH SPEC FETAL&PLACNTL PROBS DEL"	"OTH SPEC FETAL&PLACNTL PROBS MGMT MOTH DELIV"
"656.83"	"OTH SPEC FETAL&PLACNTL PROB ANTPRTM"	"OTH SPEC FETAL&PLACNTL PROBS MGMT MOTH ANTPRTM"
"656.9"	"UNS FETAL&PLACNTL PROB MGMT MOTH"	"UNSPEC FETAL&PLACENTAL PROBLEM AFFECT MGMT MOTH"
"656.90"	"UNS FETL&PLACNTL PROB UNS EPIS CARE"	"UNS FETAL&PLACNTL PROB MGMT MOTH UNS EPIS CARE"
"656.91"	"UNS FETL&PLACNTL PROB MGMT MOTH DEL"	"UNSPEC FETAL&PLACNTL PROB AFFECT MGMT MOTH DELIV"
"656.93"	"UNS FETAL&PLACENTAL PROB ANTEPARTUM"	"UNS FETAL&PLACNTL PROB AFFCT MGMT MOTH ANTPRTM"
"657"	"POLYHYDRAMNIOS"	"POLYHYDRAMNIOS"
"657.0"	"POLYHYDRAMNIOS"	"POLYHYDRAMNIOS"
"657.00"	"POLYHYDRAMNIOS UNSPEC AS EPIS CARE"	"POLYHYDRAMNIOS UNSPECIFIED AS TO EPISODE OF CARE"
"657.01"	"POLYHYDRAMNIOS"	WITH DELIVERY"
"657.03"	"POLYHYDRAMNIOS ANTPRTM COMPLICATION"	"POLYHYDRAMNIOS ANTEPARTUM COMPLICATION"
"658"	"OTH PROBS ASSOC W/AMNIOTIC CAV&MEMB"	"OTH PROBLEMS ASSOC W/AMNIOTIC CAVITY&MEMBRANES"
"658.0"	"OLIGOHYDRAMNIOS"	"OLIGOHYDRAMNIOS"
"658.00"	"OLIGOHYDRAMNIOS UNSPEC AS EPIS CARE"	"OLIGOHYDRAMNIOS UNSPECIFIED AS TO EPISODE CARE"
"658.01"	"OLIGOHYDRAMNIOS"	DELIVERED"
"658.03"	"OLIGOHYDRAMNIOS"	ANTEPARTUM"
"658.1"	"PREMATURE RUPTURE MEMB PREGNANCY"	"PREMATURE RUPTURE OF MEMBRANES IN PREGNANCY"
"658.10"	"PRMAT RUP MEMB PG UNS AS EPIS CARE"	"PREMATURE RUPTURE MEMB PG UNSPEC AS EPIS CARE"
"658.11"	"PREMATURE RUPTURE MEMB PG DELIV"	"PREMATURE RUPTURE MEMBRANES PREGNANCY DELIVERED"
"658.13"	"PREMATURE RUPTURE MEMB PG ANTPRTM"	"PREMATURE RUPTURE MEMBRANES PREGNANCY ANTEPARTUM"
"658.2"	"DELAY DEL AFTER SPONT/UNS RUP MEMB"	"DELAY DELIV AFTER SPONT/UNSPEC RUPTURE MEMB"
"658.20"	"DLAY DEL SPONT/UNS RUP MEMB UNS EOC"	"DELAY DELIV AFTER SPONT/UNS RUP MEMB UNS EOC"
"658.21"	"DELAY DEL SPONT/UNS RUP MEMB DEL"	"DELAY DELIV AFTER SPONT/UNSPEC RUP MEMB DELIV"
"658.23"	"DLAY DEL SPONT/UNS RUP MEMB ANTPRTM"	"DELAY DELIV AFTER SPONT/UNSPEC RUP MEMB ANTPRTM"
"658.3"	"DELAY DELIV AFTER ARTFICL RUP MEMB"	"DELAY DELIVERY AFTER ARTFICL RUPTURE MEMBRANES"
"658.30"	"DELAY DEL ARTFICL RUP MEMB UNS EOC"	"DELAY DELIV AFTER ARTFICL RUP MEMB UNS EPIS CARE"
"658.31"	"DELAY DEL ARTFICL RUPTURE MEMB DEL"	"DELAY DELIV AFTER ARTFICL RUPTURE MEMB DELIV"
"658.33"	"DELAY DEL ARTFICL RUP MEMB ANTPRTM"	"DELAY DELIV AFTER ARTFICL RUPTURE MEMB ANTPRTM"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"658.4"	"INFECTION OF AMNIOTIC CAVITY"	"INFECTION OF AMNIOTIC CAVITY"
"658.40"	"INF AMNIOTIC CAV UNS AS EPIS CARE"	"INFECTION AMNIOTIC CAVITY UNSPEC AS EPISODE CARE"
"658.41"	"INFECTION AMNIOTIC CAVITY DELIVERED"	"INFECTION OF AMNIOTIC CAVITY DELIVERED"
"658.43"	"INFECTION AMNIOTIC CAVITY ANTPRTM"	"INFECTION OF AMNIOTIC CAVITY ANTEPARTUM"
"658.8"	"OTH PROBS ASSOC W/AMNIOTIC CAV&MEMB"	"OTH PROBLEMS ASSOC W/AMNIOTIC CAVITY&MEMBRANES"
"658.80"	"OTH PROBW/AMNIOTIC CAV&MEMB UNS EOC"	"OTH PROB ASSOC W/AMNIOTIC CAV&MEMB UNS EPIS CARE"
"658.81"	"OTH PROBW/AMNIOTIC CAV&MEMB DELIV"	"OTH PROBLEM ASSOC W/AMNIOTIC CAVITY&MEMB DELIV"
"658.83"	"OTH PROBW/AMNIOTIC CAV&MEMB ANTPRTM"	"OTH PROBLEM ASSOC W/AMNIOTIC CAVITY&MEMB ANTPRTM"
"658.9"	"UNS PROB ASSOC W/AMNIOTIC CAV&MEMB"	"UNSPEC PROBLEM ASSOC W/AMNIOTIC CAVITY&MEMBRANES"
"658.90"	"UNS PROBW/AMNIOTIC CAV&MEMB UNS EOC"	"UNS PROB ASSOC W/AMNIOTIC CAV&MEMB UNS EPIS CARE"
"658.91"	"UNS PROBW/AMNIOTIC CAV&MEMB DELIV"	"UNSPEC PROB ASSOC W/AMNIOTIC CAVITY&MEMB DELIV"
"658.93"	"UNS PROBW/AMNIOTIC CAV&MEMB ANTPRTM"	"UNSPEC PROB ASSOC W/AMNIOTIC CAVITY&MEMB ANTPRTM"
"659"	"OTH INDICAT CARE/INTRVN REL L&D NEC"	"OTH INDICATS CARE/INTERVENTION RELATED L&D NEC"
"659.0"	"FAILED MECHANICAL INDUCTION LABOR"	"FAILED MECHANICAL INDUCTION OF LABOR"
"659.00"	"FAILMECH INDUCT LABR UNS EPIS CARE"	"FAILED MECH INDUCTION LABOR UNSPEC AS EPIS CARE"
"659.01"	"FAILED MECH INDUCTION LABOR DELIV"	"FAILED MECHANICAL INDUCTION OF LABOR DELIVERED"
"659.03"	"FAILED MECH INDUCTION LABOR ANTPRTM"	"FAILED MECHANICAL INDUCTION OF LABOR ANTEPARTUM"
"659.1"	"FAILMEDICAL/UNSPEC INDUCTION LABOR"	"FAILED MEDICAL OR UNSPECIFIED INDUCTION OF LABOR"
"659.10"	"FAILMED/UNS INDUCT LABR UNS EOC"	"FAILMED/UNSPEC INDUCT LABR UNSPEC AS EPIS CARE"
"659.11"	"FAILMED/UNSPEC INDUCT LABR DELIV"	"FAILED MEDICAL/UNSPEC INDUCTION LABOR DELIVERED"
"659.13"	"FAILMED/UNSPEC INDUCT LABR ANTPRTM"	"FAILED MEDICAL/UNSPEC INDUCTION LABOR ANTEPARTUM"
"659.2"	"MTRN PYREXIA DURING LABOR UNSPEC"	"MATERNAL PYREXIA DURING LABOR UNSPECIFIED"
"659.20"	"UNS MTRN PYREXIA DUR LABR UNS EOC"	"UNSPEC MTRN PYREXIA DUR LABR UNSPEC AS EPIS CARE"
"659.21"	"UNSPEC MTRN PYREXIA DUR LABOR DELIV"	"UNSPEC MATERNAL PYREXIA DURING LABOR DELIVERED"
"659.23"	"UNSPEC MATERNAL PYREXIA ANTEPARTUM"	"UNSPECIFIED MATERNAL PYREXIA ANTEPARTUM"
"659.3"	"GENERALIZED INFECTION DURING LABOR"	"GENERALIZED INFECTION DURING LABOR"
"659.30"	"GEN INF DUR LABR UNS AS EPIS CARE"	"GEN INFECTION DURING LABOR UNSPEC AS EPIS CARE"
"659.31"	"GEN INFECTION DURING LABOR DELIV"	"GENERALIZED INFECTION DURING LABOR DELIVERED"
"659.33"	"GEN INFECTION DURING LABOR ANTPRTM"	"GENERALIZED INFECTION DURING LABOR ANTEPARTUM"
"659.4"	"GRAND MULTIPARITY W/CURRENT PG"	"GRAND MULTIPARITY WITH CURRENT PREGNANCY"
"659.40"	"GRAND MXIPARITY W/CURR PG UNS EOC"	"GRAND MULTIPARITY W/CURRNT PG UNS AS EPIS CARE"
"659.41"	"GRAND MULTIP DEL W/VO ANTPRTM COND"	"GRAND MULTIPARITY DELIV W/VO ANTPRTM COND"
"659.43"	"GRAND MULTIPARITY W/CURR PG ANTPRTM"	"GRAND MULTIPARITY W/CURRENT PREGNANCY ANTEPARTUM"
"659.5"	"ELDERLY PRIMIGRAVIDA"	"ELDERLY PRIMIGRAVIDA"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"659.50"	"ELDER PRIMIGRAVIDA UNS AS EPIS CARE"	"ELDERLY PRIMIGRAVIDA UNSPECIFIED AS EPISODE CARE"
"659.51"	"ELDERLY PRIMIGRAVIDA"	"DELIVERED"
"659.53"	"ELDERLY PRIMIGRAVIDA"	"ANTEPARTUM"
"659.6"	"ELDERLY MULTIGRAVIDA"	"ELDERLY MULTIGRAVIDA"
"659.60"	"ELDER MXIGRAVIDA UNS EOC/NOT APPLIC"	"ELDER MULTIGRAVIDA UNS AS EPIS CARE/NOT APPLIC"
"659.61"	"ELDER MXIGRAVIDA DEL W/ANTPRTM COND"	"ELDER MULTIGRAVIDA DELIV W/MENTION ANTPRTM COND"
"659.63"	"ELDER MXIGRAVIDA W/ANTPRTM COND/COMP"	"ELDERLY MULTIGRAVIDA W/ANTPRTM COND/COMPLICATION"
"659.7"	"ABNORMALITY FETAL HEART RATE/RHYTHM"	"ABNORMALITY IN FETAL HEART RATE OR RHYTHM"
"659.70"	"ABN FETAL HEART RATE/RHYTHM UNS EOC"	"ABN FETL HRT RATE/RHYTHM UNS EOC/NOT APPLIC"
"659.71"	"ABN FETAL HEART RATE/RHYTHM DEL"	"ABN FETL HRT RATE/RHYTHM DELIV W/WO ANTPRTM COND"
"659.73"	"ABN FETAL HEART RATE ANTPRTM COMPL"	"ABNORM FETAL HEART RATE/RHYTHM ANTPRTM COND/COMP"
"659.8"	"OTH INDICAT CARE/INTRVN REL L&D"	"OTH SPEC INDICATS CARE/INTERVENTION RELATED L&D"
"659.80"	"OTH INDCAT CARE REL L&D UNS EOC"	"OTH SPEC INDICAT CARE/INTRVN REL L&D UNS EOC"
"659.81"	"OTH INDICAT CARE/INTRVN REL L&D DEL"	"OTH SPEC INDICAT CARE/INTERVEN RELATED L&D DELIV"
"659.83"	"OTH INDCAT CARE REL L&D ANTEPARTUM"	"OTH SPEC INDICAT CARE/INTERVEN REL L&D ANTPRTM"
"659.9"	"UNS INDICAT CARE/INTERVEN REL L&D"	"UNSPEC INDICATION CARE/INTERVENTION RELATED L&D"
"659.90"	"UNS INDICAT CARE REL L&D UNS EOC"	"UNS INDICAT CARE/INTERVEN REL L&D UNS EPIS CARE"
"659.91"	"UNS INDICAT CARE/INTRVN REL L&D DEL"	"UNSPEC INDICAT CARE/INTERVEN RELATED L&D DELIV"
"659.93"	"UNS INDICAT CARE REL L&D ANTPRTM"	"UNSPEC INDICAT CARE/INTERVEN RELATED L&D ANTPRTM"
"66"	"OPERATIONS ON FALLOPIAN TUBES"	"OPERATIONS ON FALLOPIAN TUBES"
"66.0"	"SALPINGOTOMY"	"SALPINGOTOMY"
"66.01"	"SALPINGOTOMY"	"SALPINGOTOMY"
"66.02"	"SALPINGOSTOMY"	"SALPINGOSTOMY"
"66.1"	"DIAGNOSTIC PROC FALLOPIAN TUBES"	"DIAGNOSTIC PROCEDURES ON FALLOPIAN TUBES"
"66.11"	"BIOPSY OF FALLOPIAN TUBE"	"BIOPSY OF FALLOPIAN TUBE"
"66.19"	"OTH DIAGNOSTIC PROC FALLOPIAN TUBES"	"OTHER DIAGNOSTIC PROCEDURES ON FALLOPIAN TUBES"
"66.2"	"BIL ENDO DEST/OCCLU FALLOPIAN TUBES"	"BILATERAL ENDO DESTRUC/OCCLUSION FALLOPIAN TUBES"
"66.21"	"BIL ENDO LIG-CRUSH FALLOPIAN TUBES"	"BILATERAL ENDO LIGATION&CRUSHING FALLOPIAN TUBES"
"66.22"	"BILAT ENDO LIG&DIV FALLOP TUBES"	"BILATERAL ENDO LIGATION&DIV FALLOPIAN TUBES"
"66.29"	"OTH BIL ENDO DESTRUC FALLOP TUBES"	"OTH BILAT ENDO DESTRUC/OCCLUSION FALLOP TUBES"
"66.3"	"OTH BILAT DESTRUC/OCCL FALLOP TUBES"	"OTH BILATERAL DESTRUC/OCCLUSION FALLOPIAN TUBES"
"66.31"	"OTH BILAT LIG&CRUSHING FALLOP TUBES"	"OTH BILATERAL LIGATION&CRUSHING FALLOPIAN TUBES"
"66.32"	"OTH BILAT LIGATION&DIV FALLOP TUBES"	"OTH BILATERAL LIGATION&DIVISION FALLOPIAN TUBES"
"66.39"	"OTH BILAT DESTRUC/OCCL FALLOP TUBES"	"OTH BILATERAL DESTRUC/OCCLUSION FALLOPIAN TUBES"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"66.4"	"TOTAL UNILATERAL SALPINGECTOMY"	"TOTAL UNILATERAL SALPINGECTOMY"
"66.5"	"TOTAL BILATERAL SALPINGECTOMY"	"TOTAL BILATERAL SALPINGECTOMY"
"66.51"	"REMOV BIL FALLOP TUBES-SAME SURG"	"REMOVAL BOTH FALLOPIAN TUBES@SAME OPERATIVE EPIS"
"66.52"	"REMOVAL OF REMAINING FALLOPIAN TUBE"	"REMOVAL OF REMAINING FALLOPIAN TUBE"
"66.6"	"OTHER SALPINGECTOMY"	"OTHER SALPINGECTOMY"
"66.61"	"EXCISION/DESTRUC LESION FALLOP TUBE"	"EXCISION OR DESTRUCTION LESION FALLOPIAN TUBE"
"66.62"	"SALPINGECTOMY W/REMOVAL TUBAL PG"	"SALPINGECTOMY WITH REMOVAL OF TUBAL PREGNANCY"
"66.63"	"BILATERAL PARTIAL SALPINGECTOMY NOS"	"BILATERAL PARTIAL SALPINGECTOMY NOS"
"66.69"	"OTHER PARTIAL SALPINGECTOMY"	"OTHER PARTIAL SALPINGECTOMY"
"66.7"	"REPAIR OF FALLOPIAN TUBE"	"REPAIR OF FALLOPIAN TUBE"
"66.71"	"SIMPLE SUTURE OF FALLOPIAN TUBE"	"SIMPLE SUTURE OF FALLOPIAN TUBE"
"66.72"	"SALPINGO-OOPHOROSTOMY"	"SALPINGO-OOPHOROSTOMY"
"66.73"	"SALPINGO-SALPINGOSTOMY"	"SALPINGO-SALPINGOSTOMY"
"66.74"	"SALPINGO-UTEROSTOMY"	"SALPINGO-UTEROSTOMY"
"66.79"	"OTHER REPAIR OF FALLOPIAN TUBE"	"OTHER REPAIR OF FALLOPIAN TUBE"
"66.8"	"INSUFFLATION OF FALLOPIAN TUBE"	"INSUFFLATION OF FALLOPIAN TUBE"
"66.9"	"OTHER OPERATIONS ON FALLOPIAN TUBES"	"OTHER OPERATIONS ON FALLOPIAN TUBES"
"66.91"	"ASPIRATION OF FALLOPIAN TUBE"	"ASPIRATION OF FALLOPIAN TUBE"
"66.92"	"UNILAT DESTRUC/OCCL FALLOP TUBE"	"UNILATERAL DESTRUCTION/OCCLUSION FALLOPIAN TUBE"
"66.93"	"IMPL/REPLCMT PROSTHESIS FALLOP TUBE"	"IMPLANTATION/REPLACEMENT PROSTHESIS FALLOP TUBE"
"66.94"	"REMOVAL PROSTHESIS FALLOPIAN TUBE"	"REMOVAL OF PROSTHESIS OF FALLOPIAN TUBE"
"66.95"	"INSUFFLATION TX AGT IN FALLOP TUBES"	"INSUFFLATION THERAPEUTIC AGT INTO FALLOP TUBES"
"66.96"	"DILATION OF FALLOPIAN TUBE"	"DILATION OF FALLOPIAN TUBE"
"66.97"	"BURYING OF FIMBRIAE IN UTERINE WALL"	"BURYING OF FIMBRIAE IN UTERINE WALL"
"66.99"	"OTHER OPERATIONS ON FALLOPIAN TUBES"	"OTHER OPERATIONS ON FALLOPIAN TUBES"
"660"	"OBSTRUCTED LABOR"	"OBSTRUCTED LABOR"
"660.0"	"OBST CAUS MALPSTN FETUS@ONSET LABR"	"OBSTRUCTION CAUSED MALPOSITION FETUS@ONSET LABOR"
"660.00"	"OBST CAUS MALPSTN FTUS@LABR UNS EOC"	"OBST CAUS MALPSTN FETUS@ONSET LABR UNS EPIS CARE"
"660.01"	"OBST CAUS MALPOS FETUS@LABOR DEL"	"OBST CAUS MALPOSITION FETUS@ONSET LABR DELIV"
"660.03"	"OBST CAUS MALPOS FETUS@LABR ANTPRTM"	"OBST CAUS MALPOSITION FETUS@ONSET LABR ANTPRTM"
"660.1"	"OBSTRUCTION BONY PELVIS DURING L&D"	"OBSTRUCTION BY BONY PELVIS DURING L&D"
"660.10"	"OBST BONY PELV DUR L&D UNS EOC"	"OBST BONY PELV DUR L&D UNSPEC AS EPIS CARE"
"660.11"	"OBSTRUCTION BONY PELV DUR L&D DELIV"	"OBSTRUCTION BY BONY PELVIS DURING L&D DELIVERED"
"660.13"	"OBST BONY PELV DUR L&D ANTPRTM"	"OBSTRUCTION BY BONY PELVIS DURING L&D ANTEPARTUM"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"660.2"	"OBST ABNORM PELV SOFT TISS DUR L&D"	"OBSTRUCTION ABNORMAL PELV SOFT TISS DURING L&D"
"660.20"	"OBST ABN PELV SFT TISS-L&D UNS EOC"	"OBST ABNORM PELV SFT TISS DUR L&D UNS EPIS CARE"
"660.21"	"OBST ABN PELV SFT TISS-L&D DEL"	"OBST ABN PELV SFT TISS DUR LABRAND DELIV DELIV"
"660.23"	"OBST ABN PELV SOFT TISS-L&D ANTPRTM"	"OBST ABNORM PELV SOFT TISS DUR L&D ANTPRTM"
"660.3"	"DEEP TRANS ARREST-OCCIPITOPOSTR POS"	"DEEP TRANSVERSE ARREST-OCCIPITOPOSTERIOR POSIT"
"660.30"	"DEEP TRANS ARREST-OCCIPITPOST-UNS EOC"	"DEEP TRNSVRSE ARREST-OCCIPITOPOST POSIT-UNS EOC"
"660.31"	"DEEP TRANS ARREST-OCCIPITPOST-L&D"	"DEEP TRNSVRSE ARREST-OCCIPITOPOSTER-DEL-UNS APC"
"660.33"	"DEEP TRANS ARREST-OCCIPITPOST ANTPRTM"	"DEEP TRANSVERSE ARREST-OCCIPITOPOST POSIT-APC/C"
"660.4"	"SHOULDER DYSTOCIA DURING L&D"	"SHOULDER DYSTOCIA DURING LABOR AND DELIVERY"
"660.40"	"SHLDR DYSTOCIA DUR L&D UNS EOC"	"SHOULDER DYSTOCIA DURING L&D UNSPEC AS EPIS CARE"
"660.41"	"SHLDR DYSTOCIA DUR LABR&DEL ER DEL"	"SHOULDER DYSTOCIA DURING LABOR&DELIVER DELIVERED"
"660.43"	"SHLDR DYSTOCIA DURING L&D ANTPRTM"	"SHOULDER DYSTOCIA DURING L&D ANTEPARTUM"
"660.5"	"LOCKED TWINS"	"LOCKED TWINS"
"660.50"	"LOCKED TWINS DUR L&D UNS EOC PG"	"LOCKED TWINS DURING L&D UNSPEC AS EPIS CARE PG"
"660.51"	"LOCKED TWINS"	DELIVERED"
"660.53"	"LOCKED TWINS"	ANTEPARTUM"
"660.6"	"UNSPECIFIED FAILED TRIAL OF LABOR"	"UNSPECIFIED FAILED TRIAL OF LABOR"
"660.60"	"UNS FAILTRIAL LABR UNSIFED AS EPIS"	"UNSPEC FAILED TRIAL LABOR UNSPECIFED AS EPISODE"
"660.61"	"UNSPEC FAILED TRIAL LABOR DELIVERED"	"UNSPECIFIED FAILED TRIAL OF LABOR DELIVERED"
"660.63"	"UNSPEC FAILED TRIAL LABOR ANTPRTM"	"UNSPECIFIED FAILED TRIAL OF LABOR ANTEPARTUM"
"660.7"	"UNSPEC FAILED FORCEPS/VAC EXT"	"UNSPECIFIED FAILED FORCEPS OR VACUUM EXTRACTOR"
"660.70"	"UNS FAILFORCEPS/VAC EXT UNS EOC"	"UNS FAILD FORCEP/VAC EXTRACTOR UNS AS EPIS CARE"
"660.71"	"UNSPEC FAILED FORCEPS/VAC EXT DELIV"	"UNSPEC FAILED FORCEPS/VACUUM EXTRACTOR DELIVERED"
"660.73"	"FAILFORCEPS/VAC EXT UNSPEC ANTPRTM"	"FAILED FORCEPS/VAC EXT UNSPEC ANTEPARTUM"
"660.8"	"OTHER CAUSES OF OBSTRUCTED LABOR"	"OTHER CAUSES OF OBSTRUCTED LABOR"
"660.80"	"OTH CAUS OBST LABR UNS AS EPIS CARE"	"OTH CAUSES OBSTRUCTED LABOR UNSPEC AS EPIS CARE"
"660.81"	"OTH CAUSES OBSTRUCTED LABOR DELIV"	"OTHER CAUSES OF OBSTRUCTED LABOR DELIVERED"
"660.83"	"OTH CAUSES OBSTRUCTED LABOR ANTPRTM"	"OTHER CAUSES OF OBSTRUCTED LABOR ANTEPARTUM"
"660.9"	"UNSPECIFIED OBSTRUCTED LABOR"	"UNSPECIFIED OBSTRUCTED LABOR"
"660.90"	"UNS OBST LABR UNS AS EPIS CARE"	"UNSPEC OBSTRUCTED LABOR UNSPEC AS EPISODE CARE"
"660.91"	"UNSPEC OBSTRUCTED LABOR W/DELIVERY"	"UNSPECIFIED OBSTRUCTED LABOR WITH DELIVERY"
"660.93"	"UNSPEC OBSTRUCTED LABOR ANTEPARTUM"	"UNSPECIFIED OBSTRUCTED LABOR ANTEPARTUM"
"661"	"ABNORMALITY OF FORCES OF LABOR"	"ABNORMALITY OF FORCES OF LABOR"
"661.0"	"PRIMARY UTERINE INERTIA"	"PRIMARY UTERINE INERTIA"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"661.00"	"PRIM UTERN INERTIA UNS AS EPIS CARE"	"PRIMARY UTERINE INERTIA UNSPEC AS EPISODE CARE"
"661.01"	"PRIMARY UTERINE INERTIA W/DELIVERY"	"PRIMARY UTERINE INERTIA WITH DELIVERY"
"661.03"	"PRIMARY UTERINE INERTIA"	ANTEPARTUM"
"661.1"	"SECONDARY UTERINE INERTIA"	"SECONDARY UTERINE INERTIA"
"661.10"	"SEC UTERN INERTIA UNS AS EPIS CARE"	"SEC UTERINE INERTIA UNSPECIFIED AS EPISODE CARE"
"661.11"	"SEC UTERINE INERTIA WITH DELIVERY"	"SECONDARY UTERINE INERTIA WITH DELIVERY"
"661.13"	"SEC UTERINE INERTIA ANTEPARTUM"	"SECONDARY UTERINE INERTIA ANTEPARTUM"
"661.2"	"OTHER&UNSPECIFIED UTERINE INERTIA"	"OTHER AND UNSPECIFIED UTERINE INERTIA"
"661.20"	"OTH&UNS UTERN INERTIA UNS EPIS CARE"	"OTH&UNSPEC UTERINE INERTIA UNSPEC AS EPIS CARE"
"661.21"	"OTH&UNSPEC UTERINE INERTIA W/DELIV"	"OTHER AND UNSPECIFIED UTERINE INERTIA W/DELIVERY"
"661.23"	"OTH&UNSPEC UTERINE INERTIA ANTPRTM"	"OTHER AND UNSPECIFIED UTERINE INERTIA ANTEPARTUM"
"661.3"	"PRECIPITATE LABOR"	"PRECIPITATE LABOR"
"661.30"	"PRECIPITATE LABR UNS AS EPIS CARE"	"PRECIPITATE LABOR UNSPECIFIED AS TO EPISODE CARE"
"661.31"	"PRECIPITATE LABOR"	WITH DELIVERY"
"661.33"	"PRECIPITATE LABOR"	ANTEPARTUM"
"661.4"	"HYPERTONIC/PROLONGED UTERN CONTRACT"	"HYPERTON INCOORD/PROLONGED UTERINE CONTRACTIONS"
"661.40"	"HYPRTON/PROLNG UTERN CNTRCT UNS EOC"	"HYPERTON INCOORD/PROLNG UTERN CONTRACS UNS EOC"
"661.41"	"HYPERTON/PROLNG UTERN CONTRACT DEL"	"HYPERTON INCOORD/PROLONG UTERINE CONTRACS DELIV"
"661.43"	"HYPERTON/PROLNG UTRN CNTRCT ANTPRTM"	"HYPERTON INCOORD/PROLNG UTERINE CONTRACS ANTPRTM"
"661.9"	"UNSPECIFIED ABNORMALITY OF LABOR"	"UNSPECIFIED ABNORMALITY OF LABOR"
"661.90"	"UNS ABNORM LABR UNS AS EPIS CARE"	"UNSPEC ABNORMALITY LABOR UNSPEC AS EPISODE CARE"
"661.91"	"UNSPEC ABNORMALITY LABOR W/DELIVERY"	"UNSPECIFIED ABNORMALITY OF LABOR WITH DELIVERY"
"661.93"	"UNSPEC ABNORMALITY LABOR ANTEPARTUM"	"UNSPECIFIED ABNORMALITY OF LABOR ANTEPARTUM"
"662"	"LONG LABOR"	"LONG LABOR"
"662.0"	"PROLONGED FIRST STAGE OF LABOR"	"PROLONGED FIRST STAGE OF LABOR"
"662.00"	"PROLNG 1 STAGE LABR UNS EPIS CARE"	"PROLONGED 1 STAGE LABOR UNSPEC AS EPISODE CARE"
"662.01"	"PROLONGED 1 STAGE LABOR DELIVERED"	"PROLONGED FIRST STAGE OF LABOR DELIVERED"
"662.03"	"PROLONGED 1 STAGE LABOR ANTEPARTUM"	"PROLONGED FIRST STAGE OF LABOR ANTEPARTUM"
"662.1"	"UNSPECIFIED PROLONGED LABOR"	"UNSPECIFIED PROLONGED LABOR"
"662.10"	"UNS PROLNG LABR UNS AS EPIS CARE"	"UNSPEC PROLONGED LABOR UNSPEC AS EPISODE CARE"
"662.11"	"UNSPEC PROLONGED LABOR DELIVERED"	"UNSPECIFIED PROLONGED LABOR DELIVERED"
"662.13"	"UNSPEC PROLONGED LABOR ANTEPARTUM"	"UNSPECIFIED PROLONGED LABOR ANTEPARTUM"
"662.2"	"PROLONGED SECOND STAGE OF LABOR"	"PROLONGED SECOND STAGE OF LABOR"
"662.20"	"PROLNG 2 STAGE LABR UNS EPIS CARE"	"PROLONGED 2 STAGE LABOR UNSPEC AS EPISODE CARE"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"662.21"	"PROLONGED 2 STAGE LABOR DELIVERED"	"PROLONGED SECOND STAGE OF LABOR DELIVERED"
"662.23"	"PROLONGED 2 STAGE LABOR ANTEPARTUM"	"PROLONGED SECOND STAGE OF LABOR ANTEPARTUM"
"662.3"	"DELAYED DELIVERY 2 TWIN TRIPLET ETC"	"DELAYED DELIVERY OF SECOND TWIN TRIPLET ETC"
"662.30"	"DELAY DEL 2 TWIN TRIPLT ETC UNS EOC"	"DELAY DELIV 2 TWIN TRIPLT ETC UNS AS EPIS CARE"
"662.31"	"DELAY DELIV 2 TWIN TRIPLT ETC DELIV"	"DELAYED DELIVERY 2 TWIN TRIPLET ETC DELIVERED"
"662.33"	"DELAY DEL 2 TWIN TRIPLT ETC ANTPRTM"	"DELAYED DELIVERY 2 TWIN TRIPLET ETC ANTEPARTUM"
"663"	"UMBILICAL CORD COMPS DURING L&D"	"UMBILICAL CORD COMPLICATIONS DURING L&D"
"663.0"	"PROLAPSE OF CORD COMPLICATING L&D"	"PROLAPSE OF CORD COMPLICATING LABOR AND DELIVERY"
"663.00"	"PROLAPS CORD COMP L&D UNS EPIS CARE"	"PROLAPSE CORD COMP L&D UNSPEC AS EPISODE CARE"
"663.01"	"PROLAPSE CORD COMP L&D DELIVERED"	"PROLAPSE OF CORD COMPLICATING L&D DELIVERED"
"663.03"	"PROLAPSE CORD COMP L&D ANTPRTM"	"PROLAPSE OF CORD COMPLICATING L&D ANTEPARTUM"
"663.1"	"CORD AROUND NECK W/COMPRS COMP L&D"	"CORD AROUND NECK W/COMPRESSION COMPLICATING L&D"
"663.10"	"CORD AROUND NECK-COMPRS UNS EOC"	"CORD AROUND NCK W/COMPRS COMP L&D UNS EPIS CARE"
"663.11"	"CORD AROUND NECK-COMPRS DEL"	"CORD AROUND NECK W/COMPRS COMP L&D DELIVERED"
"663.13"	"CORD AROUND NECK-COMPRS ANTPRTM"	"CORD AROUND NECK W/COMPRESSION COMP L&D ANTPRTM"
"663.2"	"UNS CRD ENTANGL W/COMPRS COMP L&D"	"OTH&UNSPEC CORD ENTANGMENT W/COMPRS COMP L&D"
"663.20"	"OTH& UNS CORD-COMPRESS UNS EOC"	"UNS CRD ENTANGL W/COMPRS COMP L&D UNS EPIS CARE"
"663.21"	"OTH&UNS CORD-COMPPRS COMPL L&D DEL"	"OTH&UNSPEC CORD ENTANGL W/COMPRS COMP L&D DELIV"
"663.23"	"OTH&UNS CORD-COMPRS COMPL L&D ANTPR"	"OTH&UNS CORD ENTANGL W/COMPRS COMP L&D ANTPRTM"
"663.3"	"UNS CRD ENTANGL W/O COMPRS COMP L&D"	"OTH&UNS CORD ENTANGL W/O MENTION COMPRS COMP L&D"
"663.30"	"OTH&UNS CORD ENTANGLE UNS EOC"	"UNS CRD ENTANGL W/O COMPRS COMP L&D UNS EOC"
"663.31"	"OTH&UNS CORD ENTANGLE COMPL L&D DEL"	"OTH&UNS CRD ENTANGL W/O COMPRS COMP L&D DELIV"
"663.33"	"OTH&UNS CRD ENTANGL COMPL L&D ANTPR"	"OTH&UNS CRD ENTANGL W/O COMPRS COMP L&D ANTPRTM"
"663.4"	"SHORT CORD COMPLICATING L&D"	"SHORT CORD COMPLICATING LABOR AND DELIVERY"
"663.40"	"SHRT CORD COMP L&D UNS AS EPIS CARE"	"SHORT CORD COMP L&D UNSPEC AS EPISODE CARE"
"663.41"	"SHORT CORD COMP L&D DELIVERED"	"SHORT CORD COMPLICATING L&D DELIVERED"
"663.43"	"SHORT CORD COMPLICATING L&D ANTPRTM"	"SHORT CORD COMPLICATING L&D ANTEPARTUM"
"663.5"	"VASA PREVIA COMPLICATING L&D"	"VASA PREVIA COMPLICATING LABOR AND DELIVERY"
"663.50"	"VASA PREVIA COMP L&D UNS EPIS CARE"	"VASA PREVIA COMP L&D UNSPEC AS EPISODE CARE"
"663.51"	"VASA PREVIA COMP L&D DELIVERED"	"VASA PREVIA COMPLICATING L&D DELIVERED"
"663.53"	"VASA PREVIA COMP L&D ANTPRTM"	"VASA PREVIA COMPLICATING L&D ANTEPARTUM"
"663.6"	"VASCULAR LESIONS CORD COMP L&D"	"VASCULAR LESIONS OF CORD COMPLICATING L&D"
"663.60"	"VASC LES CRD COMP L&D UNS EPIS CARE"	"VASCULAR LES CORD COMP L&D UNSPEC AS EPIS CARE"
"663.61"	"VASCULAR LES CORD COMP L&D DELIV"	"VASCULAR LESIONS CORD COMPLICATING L&D DELIVERED"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"663.63"	"VASCULAR LES CORD COMP L&D ANTPRTM"	"VASCULAR LESIONS CORD COMPLICATING L&D ANTPRTM"
"663.8"	"OTH UMBILICAL CORD COMPS DURING L&D"	"OTHER UMBILICAL CORD COMPLICATIONS DURING L&D"
"663.80"	"OTH UMB CRD COMPS DUR L&D UNS EOC"	"OTH UMB CORD COMPS DUR L&D UNSPEC AS EPIS CARE"
"663.81"	"OTH UMB CORD COMPS DURING L&D DELIV"	"OTH UMBILICAL CORD COMPS DURING L&D DELIVERED"
"663.83"	"OTH UMB CORD COMPS DUR L&D ANTPRTM"	"OTH UMBILICAL CORD COMPS DURING L&D ANTPRTM"
"663.9"	"UNSPEC UMB CORD COMP DURING L&D"	"UNSPEC UMBILICAL CORD COMPLICATION DURING L&D"
"663.90"	"UNS UMB CRD COMP DUR L&D UNS EOC"	"UNSPEC UMB CORD COMP DUR L&D UNSPEC AS EPIS CARE"
"663.91"	"UNSPEC UMB CORD COMP DUR L&D DELIV"	"UNSPEC UMBILICAL CORD COMP DURING L&D DELIVERED"
"663.93"	"UNS UMB CORD COMP DUR L&D ANTPRTM"	"UNSPEC UMBILICAL CORD COMP DURING L&D ANTPRTM"
"664"	"TRAUMA PERINEUM&VULVA DURING DELIV"	"TRAUMA TO PERINEUM AND VULVA DURING DELIVERY"
"664.0"	"1-DEG PERINL LACERATION DUR DELIV"	"FIRST-DEGREE PERINEAL LACERATION DURING DELIVERY"
"664.00"	"1-DEG PERINL LAC UNS EPIS CARE PG"	"1-DEG PERINL LACERATION UNSPEC AS EPIS CARE PG"
"664.01"	"1-DEG PERINEAL LACERATION W/DELIV"	"FIRST-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.04"	"1-DEG PERINL LACERATION POSTPARTUM"	"FIRST-DEGREE PERINEAL LACERATION POSTPARTUM"
"664.1"	"2-DEG PERINL LACERATION DUR DELIV"	"2-DEGREE PERINEAL LACERATION DURING DELIVERY"
"664.10"	"2-DEG PERINL LAC UNS EPIS CARE PG"	"2-DEG PERINL LACERATION UNSPEC AS EPIS CARE PG"
"664.11"	"2-DEG PERINEAL LACERATION W/DELIV"	"SECOND-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.14"	"2-DEG PERINL LACERATION POSTPARTUM"	"SECOND-DEGREE PERINEAL LACERATION POSTPARTUM"
"664.2"	"THIRD-DEG PERINL LAC DUR DELIV"	"THIRD-DEGREE PERINEAL LACERATION DURING DELIVERY"
"664.20"	"THIRD-DEG PERINL LAC UNS EOC PG"	"THIRD-DEG PERINL LAC UNSPEC AS EPIS CARE PG"
"664.21"	"THIRD-DEG PERINL LACERATION W/DELIV"	"THIRD-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.24"	"THIRD-DEG PERINL LACERATION PP"	"THIRD-DEGREE PERINEAL LACERATION POSTPARTUM"
"664.3"	"FOURTH-DEG PERINL LAC DUR DELIV"	"FOURTH-DEG PERINEAL LACERATION DURING DELIVERY"
"664.30"	"FOURTH-DEG PERINL LAC UNS EOC PG"	"FOURTH-DEG PERINL LAC UNSPEC AS EPIS CARE PG"
"664.31"	"FOURTH-DEG PERINL LACERATION DELIV"	"FOURTH-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.34"	"FOURTH-DEG PERINL LACERATION PP"	"FOURTH-DEGREE PERINEAL LACERATION POSTPARTUM"
"664.4"	"UNSPEC PERINL LACERATION DUR DELIV"	"UNSPECIFIED PERINEAL LACERATION DURING DELIVERY"
"664.40"	"UNS PERINL LAC UNS AS EPIS CARE PG"	"UNSPEC PERINL LACERATION UNSPEC AS EPIS CARE PG"
"664.41"	"UNSPEC PERINEAL LACERATION W/DELIV"	"UNSPECIFIED PERINEAL LACERATION WITH DELIVERY"
"664.44"	"UNSPEC PERINL LACERATION POSTPARTUM"	"UNSPECIFIED PERINEAL LACERATION POSTPARTUM"
"664.5"	"VULVAR&PERINEAL HEMAT DURING DELIV"	"VULVAR AND PERINEAL HEMATOMA DURING DELIVERY"
"664.50"	"VULVAR&PERINL HEMAT UNS EOC PG"	"VULVAR&PERINL HEMAT UNSPEC AS EPIS CARE PG"
"664.51"	"VULVAR&PERINEAL HEMATOMA W/DELIVERY"	"VULVAR AND PERINEAL HEMATOMA WITH DELIVERY"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"664.54"	"VULVAR&PERINEAL HEMATOMA POSTPARTUM"	"VULVAR AND PERINEAL HEMATOMA POSTPARTUM"
"664.8"	"OTH TRAUMA PERIN&VULVA DUR DELIV"	"OTHER SPEC TRAUMA PERINEUM&VULVA DURING DELIVERY"
"664.80"	"OTH TRAUMA PERIN&VULVA UNS EOC PG"	"OTH SPEC TRAUMA PERIN&VULVA UNS AS EPIS CARE PG"
"664.81"	"OTH SPEC TRAUMA PERIN&VULVA W/DELIV"	"OTHER SPECIFIED TRAUMA PERINEUM&VULVA W/DELIVERY"
"664.84"	"OTH SPEC TRAUMA PERIN&VULVA PP"	"OTHER SPECIFIED TRAUMA PERINEUM&VULVA POSTPARTUM"
"664.9"	"UNSPEC TRAUMA PERIN&VULVA DUR DELIV"	"UNSPEC TRAUMA PERINEUM&VULVA DURING DELIVERY"
"664.90"	"UNS TRAUMA PERIN&VULVA UNS EOC PG"	"UNSPEC TRAUMA PERIN&VULVA UNSPEC AS EPIS CARE PG"
"664.91"	"UNSPEC TRAUMA PERIN&VULVA W/DELIV"	"UNSPECIFIED TRAUMA TO PERINEUM&VULVA W/DELIVERY"
"664.94"	"UNSPEC TRAUMA PERIN&VULVA PP"	"UNSPECIFIED TRAUMA TO PERINEUM&VULVA POSTPARTUM"
"665"	"OTHER OBSTETRICAL TRAUMA"	"OTHER OBSTETRICAL TRAUMA"
"665.0"	"RUPTURE UTERUS BEFORE ONSET LABOR"	"RUPTURE OF UTERUS BEFORE ONSET OF LABOR"
"665.00"	"RUP UTRUS BEFORE ONSET LABR UNS EOC"	"RUP UTERUS BEFORE ONSET LABR UNSPEC AS EPIS CARE"
"665.01"	"RUP UTERUS BEFORE ONSET LABR DELIV"	"RUPTURE UTERUS BEFORE ONSET LABOR W/DELIVERY"
"665.03"	"RUP UTRUS BEFORE ONSET LABR ANTPRTM"	"RUPTURE UTERUS BEFORE ONSET LABOR ANTEPARTUM"
"665.1"	"RUPTURE UTERUS DURING&AFTER LABOR"	"RUPTURE OF UTERUS DURING AND AFTER LABOR"
"665.10"	"RUP UTERUS DUR LABR UNSPEC AS EPIS"	"RUPTURE UTERUS DURING LABOR UNSPEC AS EPISODE"
"665.11"	"RUPTURE UTERUS DURING LABOR W/DELIV"	"RUPTURE OF UTERUS DURING LABOR WITH DELIVERY"
"665.2"	"OBSTETRICAL INVERSION OF UTERUS"	"OBSTETRICAL INVERSION OF UTERUS"
"665.20"	"INVERSION UTRUS UNS AS EPIS CARE PG"	"INVERSION UTERUS UNSPEC AS EPIS CARE PREGNANCY"
"665.22"	"INVERSION UTERUS DELIVERED W/PPC"	"INVERSION UTERUS DELIVERED W/PPC"
"665.24"	"INVERSION OF UTERUS	POSTPARTUM"
"665.3"	"OBSTETRICAL LACERATION OF CERVIX"	"OBSTETRICAL LACERATION OF CERVIX"
"665.30"	"LAC CERV UNSPEC AS EPIS CARE PG"	"LACERATION CERV UNSPEC AS EPISODE CARE PREGNANCY"
"665.31"	"LACERATION OF CERVIX	WITH DELIVERY"
"665.34"	"LACERATION OF CERVIX	POSTPARTUM"
"665.4"	"HIGH VAG LACERATION DUR&AFTER LABOR"	"HIGH VAGINAL LACERATION DURING AND AFTER LABOR"
"665.40"	"HI VAG LAC UNSPEC AS EPIS CARE PG"	"HIGH VAGINAL LACERATION UNSPEC AS EPIS CARE PG"
"665.41"	"HIGH VAGINAL LACERATION W/DELIVERY"	"HIGH VAGINAL LACERATION WITH DELIVERY"
"665.44"	"HIGH VAGINAL LACERATION	POSTPARTUM"
"665.5"	"OTH OB INJURY PELVIC ORGANS"	"OTHER OBSTETRICAL INJURY TO PELVIC ORGANS"
"665.50"	"OTH INJR PELV ORGN UNS EPIS CARE PG"	"OTH INJURY PELV ORGN UNSPEC AS EPIS CARE PG"
"665.51"	"OTH INJURY PELVIC ORGANS W/DELIVERY"	"OTHER INJURY TO PELVIC ORGANS WITH DELIVERY"
"665.54"	"OTH INJURY PELVIC ORGANS POSTPARTUM"	"OTHER INJURY TO PELVIC ORGANS POSTPARTUM"
"665.6"	"OBSTETRICAL DAMGE PELVIC JNT&LIG"	"OBSTETRICAL DAMAGE TO PELVIC JOINTS&LIGAMENTS"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"665.60"	"DAMGE PELV JNT&LIG UNS EPIS CARE PG"	"DAMGE PELV JNT&LIG UNSPEC AS EPIS CARE PREGNANCY"
"665.61"	"DAMGE PELVIC JNT&LIGAMENTS W/DELIV"	"DAMAGE TO PELVIC JOINTS AND LIGAMENTS W/DELIVERY"
"665.64"	"DAMGE PELVIC JNT&LIG POSTPARTUM"	"DAMAGE TO PELVIC JOINTS AND LIGAMENTS POSTPARTUM"
"665.7"	"OBSTETRICAL PELVIC HEMATOMA"	"OBSTETRICAL PELVIC HEMATOMA"
"665.70"	"PELVIC HEMATOMA UNSPEC AS EPIS CARE"	"PELVIC HEMATOMA UNSPECIFIED AS TO EPISODE CARE"
"665.71"	"PELVIC HEMATOMA"	WITH DELIVERY"
"665.72"	"PELVIC HEMATOMA DELIVERED W/PPC"	"PELVIC HEMATOMA DELIVERED W/PPC"
"665.74"	"PELVIC HEMATOMA"	POSTPARTUM"
"665.8"	"OTHER SPECIFIED OBSTETRICAL TRAUMA"	"OTHER SPECIFIED OBSTETRICAL TRAUMA"
"665.80"	"OTH SPEC OB TRAUMA UNS AS EPIS CARE"	"OTH SPEC OBSTETRICAL TRAUMA UNSPEC AS EPIS CARE"
"665.81"	"OTH SPEC OBSTETRICAL TRAUMA W/DELIV"	"OTHER SPECIFIED OBSTETRICAL TRAUMA WITH DELIVERY"
"665.82"	"OTH SPEC OB TRAUMA DELIV W/PP"	"OTH SPEC OBSTETRICAL TRAUMA DELIV W/POSTPARTUM"
"665.83"	"OTH SPEC OBSTETRICAL TRAUMA ANTPRTM"	"OTHER SPECIFIED OBSTETRICAL TRAUMA ANTEPARTUM"
"665.84"	"OTH SPEC OB TRAUMA POSTPARTUM"	"OTHER SPECIFIED OBSTETRICAL TRAUMA POSTPARTUM"
"665.9"	"UNSPECIFIED OBSTETRICAL TRAUMA"	"UNSPECIFIED OBSTETRICAL TRAUMA"
"665.90"	"UNS OB TRAUMA UNS AS EPIS CARE"	"UNSPEC OBSTETRICAL TRAUMA UNSPEC AS EPISODE CARE"
"665.91"	"UNSPEC OBSTETRICAL TRAUMA W/DELIV"	"UNSPECIFIED OBSTETRICAL TRAUMA WITH DELIVERY"
"665.92"	"UNSPEC OB TRAUMA DELIV W/PPC"	"UNSPECIFIED OBSTETRICAL TRAUMA DELIVERED W/PPC"
"665.93"	"UNSPEC OBSTETRICAL TRAUMA ANTPRTM"	"UNSPECIFIED OBSTETRICAL TRAUMA ANTEPARTUM"
"665.94"	"UNSPEC OB TRAUMA POSTPARTUM"	"UNSPECIFIED OBSTETRICAL TRAUMA POSTPARTUM"
"666"	"POSTPARTUM HEMORRHAGE"	"POSTPARTUM HEMORRHAGE"
"666.0"	"THIRD-STAGE POSTPARTUM HEMORRHAGE"	"THIRD-STAGE POSTPARTUM HEMORRHAGE"
"666.00"	"THIRD-STAGE PP HEMORR UNS EPIS CARE"	"THIRD-STAGE PP HEMORR UNSPEC AS EPIS CARE"
"666.02"	"THIRD-STAGE PP HEMORR W/DELIV"	"THIRD-STAGE POSTPARTUM HEMORRHAGE WITH DELIVERY"
"666.04"	"THIRD-STAGE PP HEMORR PP"	"THIRD-STAGE POSTPARTUM HEMORRHAGE POSTPARTUM"
"666.1"	"OTH IMMEDIATE POSTPARTUM HEMORRHAGE"	"OTHER IMMEDIATE POSTPARTUM HEMORRHAGE"
"666.10"	"OTH IMMED PP HEMORR UNS EPIS CARE"	"OTH IMMEDIATE PP HEMORR UNSPEC AS EPIS CARE"
"666.12"	"OTH IMMEDIATE PP HEMORR W/DELIV"	"OTHER IMMEDIATE POSTPARTUM HEMORRHAGE W/DELIVERY"
"666.14"	"OTH IMMEDIATE PP HEMORR PP"	"OTHER IMMEDIATE POSTPARTUM HEMORRHAGE POSTPARTUM"
"666.2"	"DELAYED&SEC POSTPARTUM HEMORRHAGE"	"DELAYED AND SECONDARY POSTPARTUM HEMORRHAGE"
"666.20"	"DELAY&SEC PP HEMORR UNS EPIS CARE"	"DELAY&SEC POSTPARTUM HEMORR UNSPEC AS EPIS CARE"
"666.22"	"DELAY&SEC POSTPARTUM HEMORR W/DELIV"	"DELAYED AND SEC POSTPARTUM HEMORRHAGE W/DELIVERY"
"666.24"	"DELAY&SEC PP HEMORR PP"	"DELAYED AND SEC POSTPARTUM HEMORRHAGE POSTPARTUM"
"666.3"	"POSTPARTUM COAGULATION DEFECTS"	"POSTPARTUM COAGULATION DEFECTS"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"666.30"	"PP COAGULAT DEFEC UNS AS EPIS CARE"	"POSTPARTUM COAGULAT DEFEC UNSPEC AS EPISODE CARE"
"666.32"	"POSTPARTUM COAGULAT DEFEC W/DELIV"	"POSTPARTUM COAGULATION DEFECTS WITH DELIVERY"
"666.34"	"PP COAGULAT DEFEC PP"	"POSTPARTUM COAGULATION DEFECTS POSTPARTUM"
"667"	"RETAIN PLACENTA/MEMB WITHOUT HEMORR"	"RETAINED PLACENTA/MEMBRANES WITHOUT HEMORRHAGE"
"667.0"	"RETAINED PLACENTA WITHOUT HEMORR"	"RETAINED PLACENTA WITHOUT HEMORRHAGE"
"667.00"	"RETN PLACNTA W/O HEMOR UNS EOC"	"RETAIN PLACENTA W/O HEMORR UNSPEC AS EPIS CARE"
"667.02"	"RETN PLACNTA W/O HEMOR DELIV W/ PPC"	"RETN PLACNTA W/O HEMORR DEL W/MENTION PP COMPL"
"667.04"	"RETN PLACNTA W/O HEMOR PP COND/COMP"	"RETAINED PLACENTA WITHOUT HEMORR PP COND/COMP"
"667.1"	"RETN PRTNS PLACNTA/MEMB W/O HEMORR"	"RETAINED PRTNS PLACENTA/MEMBRANES WITHOUT HEMORR"
"667.10"	"RETN PLACNTA/MEMB NO HEM UNS EOC"	"RETN PORTIONS PLACNTA/MEMB W/O HEMORR UNS EOC"
"667.12"	"RETN PLCNTA/MEMB NO HEM DEL W/COMPL"	"RETN PORTIONS PLCNTA/MEMB W/O HEMORR DEL W/COMPL"
"667.14"	"RETN PLACNTA/MEMB NO HEM PP COMPL"	"RETN PORTIONS PLACNTA/MEMB W/O HEMOR PP COMPL"
"668"	"COMPS ADMN ANESTHETIC/OTH SEDAT L&D"	"COMPLICATIONS ADMIN ANESTHETIC/OTH SEDATION L&D"
"668.0"	"PULM COMPL ADMIN ANES/OTH SEDAT L&D"	"PULM COMPL ADMIN ANESESTHESIA/OTH SEDATION L&D"
"668.00"	"PULM COMPL ADMN ANES L&D UNS EOC"	"PULM COMPL ADMIN ANES/OTH SEDATION L&D UNS EOC"
"668.01"	"PULM COMPL ADMIN ANES/SEDAT L&D DEL"	"PULM COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.02"	"PULM COMPL ADMIN ANES DEL W/PPC"	"PULM COMPL ADMIN ANES/OTH SEDAT DEL W/PP COMPL"
"668.03"	"PULM COMPL ADMN ANES L&D ANTPRTM"	"PULM COMPL ADMIN ANES/OTH SEDATION L&D ANTPRTM"
"668.04"	"PULM COMPL ADMIN ANES L&D PP"	"PULM COMPL ADMIN ANES/OTH SEDATION L&D PP"
"668.1"	"CARD COMPL ADMIN ANES/OTH SEDAT L&D"	"CARD COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.10"	"CARD COMPL ADMN ANES L&D UNS EOC"	"CARD COMPL ADMIN ANES/OTH SEDAT L&D UNS EOC"
"668.11"	"CARD COMPL ADMIN ANES L&D DEL"	"CARD COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.12"	"CARD COMPL ADMIN ANES L&D-DEL W/PPC"	"CARD COMPL ADMIN ANES/SEDAT L&D-DEL W/PP COMPL"
"668.13"	"CARD COMPL ADMN ANES L&D ANTPARTUM"	"CARD COMPL ADMIN ANES/OTH SEDAT L&D ANTPARTUM"
"668.14"	"CARD COMPL ADMIN ANES/SEDAT L&D PP"	"CARD COMPL ADMIN ANES/OTH SEDATION L&D PP"
"668.2"	"CNA COMPL ADMIN ANES/SEDAT L&D"	"CNA COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.20"	"CNA COMPL ADMN ANES L&D DEL UNS EOC"	"CNA COMPL ADMIN ANES/OTH SEDAT L&D DEL UNS EOC"
"668.21"	"CNA COMPL ADMIN ANES/SEDAT L&D DEL"	"CNA COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.22"	"CNA COMPL ADMIN ANES L&D DEL W/PPC"	"CNA COMPL ADMIN ANES/SEDAT L&D DEL W/PP COMPL"
"668.23"	"CNA COMPL ADMIN ANES L&D ANTEPARTUM"	"CNA COMPL ADMIN ANES/OTH SEDAT L&D ANTEPARTUM"
"668.24"	"CNA COMPL ADMIN ANES/SEDAT L&D PP"	"CNA COMPL ADMIN ANES/OTH SEDAT L&D PP"
"668.8"	"OTH COMPL ADMIN ANES/OTH SEDAT L&D"	"OTH COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.80"	"OTH COMPL ADMN ANES L&D UNS EOC"	"OTH COMPL ADMIN ANES/OTH SEDAT L&D UNS EOC"
"668.81"	"OTH COMPL ADMIN ANES/SEDAT L&D DEL"	"OTH COMPL ADMIN ANES/OTH SEDATION L&D DEL"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"668.82"	"OTH COMPL ADMN ANES/SEDAT-DEL W/PPC"	"OTH COMPL ADMN ANES/OTH SEDAT DEL W/PP COMPL"
"668.83"	"OTH COMPL ADMIN ANES L&D ANTEPARTUM"	"OTH COMPL ADMIN ANES/OTH SEDAT L&D ANTEPARTUM"
"668.84"	"OTH COMPL ADMIN ANES/SEDAT L&D PP"	"OTH COMPL ADMIN ANES/OTH SEDATION L&D PP"
"668.9"	"UNS COMPL ADMIN ANES/OTH SEDAT L&D"	"UNS COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.90"	"UNS COMPL ADMIN ANES L&D UNS EOC"	"UNS COMPL ADMIN ANES/OTH SEDATION L&D UNS EOC"
"668.91"	"UNS COMPL ADMIN ANES/SEDAT L&D DEL"	"UNS COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.92"	"UNS COMPL ADMN ANES/SEDAT DEL W/PPC"	"UNS COMP ADMN ANESTHESIA/OTH SEDAT L&D DEL W/PPC"
"668.93"	"UNS COMPL ADMIN ANES L&D ANTEPARTUM"	"UNS COMPL ADMIN ANES/OTH SEDAT L&D ANTEPARTUM"
"668.94"	"UNS COMPL ADMIN ANES/SEDAT L&D PP"	"UNS COMPL ADMIN ANES/OTH SEDATION L&D PP"
"669"	"OTHER COMPLICATIONS OF L&D NEC"	"OTHER COMPLICATIONS OF L&D NEC"
"669.0"	"MATERNAL DISTRESS"	"MATERNAL DISTRESS"
"669.00"	"MTRN DISTRESS COMP L&D UNS EOC"	"MATERNAL DISTRESS COMP L&D UNSPEC AS EPIS CARE"
"669.01"	"MTRN DISTRESS DEL W/WO ANTPRTM COND"	"MTRN DISTRESS W/DELIV W/WO MENTION ANTPRTM COND"
"669.02"	"MTRN DISTRESS W/DELIV W/MENTION PPC"	"MATERNAL DISTRESS W/DELIVERY W/MENTION PPC"
"669.03"	"MTRN DISTRESS COMP L&D ANTPRTM COMP"	"MATERNAL DISTRESS COMP L&D ANTPRTM COND/COMP"
"669.04"	"MTRN DISTRESS COMP L&D PP COND/COMP"	"MATERNAL DISTRESS COMP L&D POSTPARTUM COND/COMP"
"669.1"	"SHOCK DURING OR FOLLOWING L&D"	"SHOCK DURING OR FOLLOWING LABOR AND DELIVERY"
"669.10"	"SHOCK DUR/FOLLOW L&D UNS EPIS CARE"	"SHOCK DURING/FOLLOWING L&D UNSPEC AS EPIS CARE"
"669.11"	"SHOCK DURING/FOLLOW L&D W/DELIVERY"	"SHOCK DURING/FOLLOW L&D W/DEL W/W/O ANTPRTM COND"
"669.12"	"SHOCK DUR/FLW L&D DELIV W/ PPC"	"SHOCK DURING/FOLLOWING L&D W/DELIV W/MENTION PPC"
"669.13"	"SHOCK DUR/FOLLOW L&D ANTPRTM SHOCK"	"SHOCK DURING OR FOLLOWING L&D ANTEPARTUM SHOCK"
"669.14"	"SHOCK DURING/FOLLOW L&D PP SHOCK"	"SHOCK DURING OR FOLLOWING L&D POSTPARTUM SHOCK"
"669.2"	"MATERNAL HYPOTENSION SYNDROME"	"MATERNAL HYPOTENSION SYNDROME"
"669.20"	"MTRN HYPOTENS SYND COMP L&D UNS EOC"	"MTRN HYPOTENS SYND COMP L&D UNSPEC AS EPIS CARE"
"669.21"	"MATERNL HYPOTENSION SYNDROME W/DEL"	"MAT HYPOTENSION SYND W/DEL W/W/O ANTPRTM COND"
"669.22"	"MTRN HYPOTENS SYND DELIV W/ PPC"	"MATERNAL HYPOTENS SYNDROME W/DELIV W/MENTION PPC"
"669.23"	"MATERNAL HYPOTENS SYNDROME ANTPRTM"	"MATERNAL HYPOTENSION SYNDROME ANTEPARTUM"
"669.24"	"MTRN HYPOTENS SYNDROME POSTPARTUM"	"MATERNAL HYPOTENSION SYNDROME POSTPARTUM"
"669.3"	"ACUTE RENAL FAILURE FOLLOWING L&D"	"ACUTE RENAL FAILURE FOLLOWING LABOR AND DELIVERY"
"669.30"	"ACUT RENL FAIL FLW L&D UNS EOC"	"ACUTE RENAL FAIL FOLLOW L&D UNSPEC AS EPIS CARE"
"669.32"	"ACUT RENAL FAIL DELIV W/MENTION PPC"	"ACUTE RENAL FAILURE W/DELIVERY W/MENTION PPC"
"669.34"	"ACUT RENL FAIL FLW L&D PP COND/COMP"	"ACUTE RENAL FAIL FOLLOW L&D POSTPARTUM COND/COMP"
"669.4"	"OTH COMPS OBSTETRICAL SURGERY&PROC"	"OTHER COMPLICATIONS OBSTETRICAL SURGERY&PROC"
"669.40"	"OTH COMPS OB SURG&PROC UNS EOC"	"OTH COMPS OB SURGERY&PROC UNSPEC AS EPIS CARE"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"669.41"	"OTH COMPL OB SURG&PROC W/DELIVERY"	"OTH COMPL OB SURG&PROC DELIV W/WO ANTPRTM COND"
"669.42"	"OTH COMPS OB SURG&PROC DELIV W/ PPC"	"OTH COMPL OB SURG&PROC W/DEL W/MENTION PP COMPL"
"669.43"	"OTH COMPS OB SURG&PROC ANTPRTM COMP"	"OTH COMPS OB SURGERY&PROC ANTPRTM COND/COMP"
"669.44"	"OTH COMPS OB SURG&PROC PP COND/COMP"	"OTH COMPS OB SURGERY&PROC POSTPARTUM COND/COMP"
"669.5"	"FORCEPS/VAC EXT DELIV W/O INDICAT"	"FORCEPS/VAC EXT DELIV WITHOUT MENTION INDICATION"
"669.50"	"FORCP/VAC EXT DEL NO INDICT UNS EOC"	"FORCEPS/VAC EXT DELIV W/O INDICAT UNS EPIS CARE"
"669.51"	"FORCEPS/VAC EXT DEL NO INDICAT DEL"	"FORCEPS/EXTRACTOR DEL W/O INDICATION-DELIVERED"
"669.6"	"BREECH EXTRAC W/O MENTION INDICAT"	"BREECH EXTRACTION WITHOUT MENTION OF INDICATION"
"669.60"	"BREECH XTRAC W/O INDICAT UNS EOC"	"BREECH XTRAC W/O MENTION INDICAT UNS EPIS CARE"
"669.61"	"BREECH XTRAC W/O MEN INDICAT DEL"	"BREECH XTRAC W/O INDICAT DELIV W/WO ANTPRTM COND"
"669.7"	"C-SECT DELIV W/O MENTION INDICAT"	"CESAREAN DELIVERY WITHOUT MENTION OF INDICATION"
"669.70"	"C/S DELIV W/O INDICAT UNS EPIS CARE"	"C/S DELIV W/O MENTION INDICAT UNS AS EPIS CARE"
"669.71"	"C/S DEL W/O MEN INDICAT DELIVERED"	"C/S DELIV W/O INDICAT DELIV W/WO ANTPRTM COND"
"669.8"	"OTHER COMPLICATIONS OF L&D"	"OTHER COMPLICATIONS OF LABOR AND DELIVERY"
"669.80"	"OTH COMP L&D UNSPEC AS EPISODE CARE"	"OTHER COMPLICATION L&D UNSPEC AS EPISODE CARE"
"669.81"	"OTH COMP L&D DEL W/WO ANTPRTM COND"	"OTH COMP L&D DELIVERED W/WO MENTION ANTPRTM COND"
"669.82"	"OTH COMP L&D DELIV W/MENTION PPC"	"OTHER COMPLICATION L&D DELIVERED W/MENTION PPC"
"669.83"	"OTH COMP L&D ANTPRTM COND/COMP"	"OTH COMPLICATION L&D ANTPRTM COND/COMPLICATION"
"669.84"	"OTH COMP L&D POSTPARTUM COND/COMP"	"OTH COMP L&D POSTPARTUM COND/COMP"
"669.9"	"UNSPECIFIED COMPLICATION OF L&D"	"UNSPECIFIED COMPLICATION OF LABOR AND DELIVERY"
"669.90"	"UNSPEC COMP L&D UNSPEC AS EPIS CARE"	"UNSPEC COMPLICATION L&D UNSPEC AS EPISODE CARE"
"669.91"	"UNS COMP L&D DEL W/WO ANTPRTM COND"	"UNSPEC COMP L&D DELIV W/WO MENTION ANTPRTM COND"
"669.92"	"UNSPEC COMP L&D DELIV W/MENTION PPC"	"UNSPEC COMPLICATION L&D W/DELIVERY W/MENTION PPC"
"669.93"	"UNSPEC COMP L&D ANTPRTM COND/COMP"	"UNSPEC COMP L&D ANTPRTM COND/COMP"
"669.94"	"UNSPEC COMP L&D PP COND/COMP"	"UNSPEC COMP L&D POSTPARTUM COND/COMP"
"67"	"OPERATIONS ON CERVIX"	"OPERATIONS ON CERVIX"
"67.0"	"DILATION OF CERVICAL CANAL"	"DILATION OF CERVICAL CANAL"
"67.1"	"DIAGNOSTIC PROCEDURES ON CERVIX"	"DIAGNOSTIC PROCEDURES ON CERVIX"
"67.11"	"ENDOCERVICAL BIOPSY"	"ENDOCERVICAL BIOPSY"
"67.12"	"OTHER CERVICAL BIOPSY"	"OTHER CERVICAL BIOPSY"
"67.19"	"OTHER DIAGNOSTIC PROCEDURES CERVIX"	"OTHER DIAGNOSTIC PROCEDURES ON CERVIX"
"67.2"	"CONIZATION OF CERVIX"	"CONIZATION OF CERVIX"
"67.3"	"OTH EXC/DESTRUC LESION/TISSUE CERV"	"OTHER EXCISION/DESTRUCTION LESION/TISSUE CERVIX"
"67.31"	"MARSUPIALIZATION OF CERVICAL CYST"	"MARSUPIALIZATION OF CERVICAL CYST"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"67.32"	"DESTRUCTION LESION CERVIX CAUT"	"DESTRUCTION OF LESION OF CERVIX BY CAUTERIZATION"
"67.33"	"DESTRUCTION LESION CERV CRYOSURGERY"	"DESTRUCTION OF LESION OF CERVIX BY CRYOSURGERY"
"67.39"	"OTH EXC/DESTRUC LESION/TISSUE CERV"	"OTHER EXCISION/DESTRUCTION LESION/TISSUE CERVIX"
"67.4"	"AMPUTATION OF CERVIX"	"AMPUTATION OF CERVIX"
"67.5"	"REPAIR OF INTERNAL CERVICAL OS"	"REPAIR OF INTERNAL CERVICAL OS"
"67.51"	"TRANSABDOMINAL CERCLAGE OF CERVIX"	"TRANSABDOMINAL CERCLAGE OF CERVIX"
"67.59"	"OTHER REPAIR OF CERVICAL OS"	"OTHER REPAIR OF CERVICAL OS"
"67.6"	"OTHER REPAIR OF CERVIX"	"OTHER REPAIR OF CERVIX"
"67.61"	"SUTURE OF LACERATION OF CERVIX"	"SUTURE OF LACERATION OF CERVIX"
"67.62"	"REPAIR OF FISTULA OF CERVIX"	"REPAIR OF FISTULA OF CERVIX"
"67.69"	"OTHER REPAIR OF CERVIX"	"OTHER REPAIR OF CERVIX"
"670"	"MAJOR PUERPERAL INFECTION"	"MAJOR PUERPERAL INFECTION"
"670.0"	"MAJOR PUERPERAL INFECTION"	"MAJOR PUERPERAL INFECTION"
"670.00"	"MAJ PUERPERAL INF UNS AS EPIS CARE"	"MAJOR PUERPERAL INFECTION UNSPEC AS EPISODE CARE"
"670.02"	"MAJ PUERPERAL INF DELIV W/ PPC"	"MAJOR PUERPERAL INFECTION DELIV W/MENTION PPC"
"670.04"	"MAJOR PUERPERAL INF POSTPARTUM"	"MAJOR PUERPERAL INFECTION POSTPARTUM"
"671"	"VENOUS COMPS PG&THE PUERPERIUM"	"VENOUS COMPLICATIONS IN PREGNANCY&THE PUERPERIUM"
"671.0"	"VARICOSE VNS LEGS PG&THE PUERPERIUM"	"VARICOSE VEINS OF LEGS PREGNANCY&THE PUERPERIUM"
"671.00"	"VARICOS VNS LEGS COMP PG&PP UNS EOC"	"VARICOSE VNS LEGS COMP PG&THE PUERPERIUM UNS EOC"
"671.01"	"VARICOSE VEINS LEGS W/DELIVERY"	"VARICOSE VNS LEGS DELIV W/VO ANTPRTM COND"
"671.02"	"VARICOSE VNS LEGS DELIV W/ PPC"	"VARICOSE VEINS LEGS W/DELIVERY W/MENTION PPC"
"671.03"	"VARICOSE VEINS OF LEGS	ANTEPARTUM"
"671.04"	"VARICOSE VEINS OF LEGS	POSTPARTUM"
"671.1"	"VARICOS VNS VULVA&PERIN PG&PP"	"VARICOSE VEINS VULVA&PERIN PG&THE PUERPERIUM"
"671.10"	"VRICOS VNS VULV COMPL PG&PP UNS EOC"	"VARICOS VNS VULVA&PERIN COMP PG&PP UNS EOC"
"671.11"	"VARICOSE VEINS VULVA&PERINEUM W/DEL"	"VARICOSE VNS VULVA&PERIN DELIV W/VO ANTPRTM COND"
"671.12"	"VARICOS VNS VULVA&PERIN DELIV W/PPC"	"VARICOSE VEINS VULVA&PERIN W/DELIV W/MENTION PPC"
"671.13"	"VARICOSE VEINS VULVA&PERIN ANTPRTM"	"VARICOSE VEINS OF VULVA AND PERINEUM ANTEPARTUM"
"671.14"	"VARICOSE VEINS VULVA&PERIN PP"	"VARICOSE VEINS OF VULVA AND PERINEUM POSTPARTUM"
"671.2"	"SUP THROMBOPHLEB PG&THE PUERPERIUM"	"SUPERFICIAL THROMBOPHLEBITIS PG&THE PUERPERIUM"
"671.20"	"SUP THROMBOPHLEB COMP PG&PP UNS EOC"	"SUP THROMBOPHLEB COMP PG&THE PUERPERIUM UNS EOC"
"671.21"	"SUPERFICIAL THROMBOPHLEBITIS W/DEL"	"SUP THROMBOPHLEB DELIV W/VO MENTION ANTPRTM COND"
"671.22"	"SUP THROMBOPHLEB DELIV W/ PPC"	"SUP THROMBOPHLEBITIS W/DELIV W/MENTION PPC"
"671.23"	"SUP THROMBOPHLEBITIS ANTPRTM"	"SUPERFICIAL THROMBOPHLEBITIS ANTEPARTUM"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"671.24"	"SUPERFICIAL THROMBOPHLEBITIS PP"	"SUPERFICIAL THROMBOPHLEBITIS POSTPARTUM"
"671.3"	"DEEP PHLEBOTHROMBOSIS ANTEPARTUM"	"DEEP PHLEBOTHROMBOSIS ANTEPARTUM"
"671.30"	"DP PHLEBOTHROMB ANTPRTM UNS EOC"	"DEEP PHLEBOTHROMB ANTPRTM UNSPEC AS EPIS CARE"
"671.31"	"DEEP PHLEBOTHROMB ANTPRTM W/DELIV"	"DEEP PHLEBOTHROMBOSIS ANTEPARTUM WITH DELIVERY"
"671.33"	"DP PHLEBOTHROMBOS ANTPRTM-COND/COMP"	"DEEP PHLEBOTHROMBOSIS ANTPRTM-ANTPRTM COND/COMP"
"671.4"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM"
"671.40"	"DP PHLEBOTHROMB PP UNS AS EPIS CARE"	"DEEP PHLEBOTHROMBOSIS PP UNSPEC AS EPIS CARE"
"671.42"	"DEEP PHLEBOTHROMBOSIS PP W/DELIV"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM WITH DELIVERY"
"671.44"	"DP PHLEBOTHROMBOSIS PP-PP COND/COMP"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM-PP COND/COMP"
"671.5"	"OTH PHLEBITIS&THROMB PG&PP"	"OTH PHLEBITIS&THROMBOSIS PG&THE PUERPERIUM"
"671.50"	"OTH PHLEB&THROMB COMPL PG&PP UNS EOC"	"OTH PHLEBITIS&THROMB COMP PG&PP UNS EOC"
"671.51"	"OTH PHLEBITIS&THROMBOSIS W/DELIVERY"	"OTH PHLEBITIS&THROMB DELIV W/WO ANTPRTM COND"
"671.52"	"OTH PHLEBITIS&THROMB DELIV W/ PPC"	"OTH PHLEBITIS&THROMBOSIS W/DELIV W/MENTION PPC"
"671.53"	"OTH ANTEPARTUM PHLEBITIS&THROMBOSIS"	"OTHER ANTEPARTUM PHLEBITIS AND THROMBOSIS"
"671.54"	"OTH POSTPARTUM PHLEBITIS&THROMBOSIS"	"OTHER POSTPARTUM PHLEBITIS AND THROMBOSIS"
"671.8"	"OTH VENOUS COMPS PG&THE PUERPERIUM"	"OTH VENOUS COMPS PREGNANCY&THE PUERPERIUM"
"671.80"	"OTH VENUS COMP PG&PP UNS EOC"	"OTH VENUS COMP PG&THE PUERPERIUM UNS EPIS CARE"
"671.81"	"OTH VENOUS COMPLICATIONS W/DELIVERY"	"OTH VENOUS COMP DELIV W/WO MENTION ANTPRTM COND"
"671.82"	"OTH VENOUS COMP DELIV W/MENTION PPC"	"OTH VENOUS COMPLICATION W/DELIVERY W/MENTION PPC"
"671.83"	"OTH VENOUS COMPLICATION ANTEPARTUM"	"OTHER VENOUS COMPLICATION ANTEPARTUM"
"671.84"	"OTH VENOUS COMPLICATION POSTPARTUM"	"OTHER VENOUS COMPLICATION POSTPARTUM"
"671.9"	"UNS VENOUS COMP PG&THE PUERPERIUM"	"UNSPEC VENOUS COMP PREGNANCY&THE PUERPERIUM"
"671.90"	"UNS VENUS COMP PG&PP UNS EOC"	"UNS VENUS COMP PG&THE PUERPERIUM UNS EPIS CARE"
"671.91"	"UNS VENOUS COMPLICATIONS W/DELIVERY"	"UNS VENOUS COMP DELIV W/WO MENTION ANTPRTM COND"
"671.92"	"UNS VENOUS COMP DELIV W/MENTION PPC"	"UNSPEC VENOUS COMP W/DELIVERY W/MENTION PPC"
"671.93"	"UNSPEC VENOUS COMPLICATION ANTPRTM"	"UNSPECIFIED VENOUS COMPLICATION ANTEPARTUM"
"671.94"	"UNSPEC VENOUS COMP POSTPARTUM"	"UNSPECIFIED VENOUS COMPLICATION POSTPARTUM"
"672"	"PYREXIA UNKN ORIG DUR THE PURPERIUM"	"PYREXIA OF UNKNOWN ORIGIN DURING THE PUERPERIUM"
"672.0"	"PYREXIA UNKN ORIG DUR THE PURPERIUM"	"PYREXIA OF UNKNOWN ORIGIN DURING THE PUERPERIUM"
"672.00"	"PUERPERL PYREXIA UNKN ORIGN UNS EOC"	"PUERPERAL PYREXIA UNKN ORIGIN UNS AS EPIS CARE"
"672.02"	"PUERPERL PYREX UNKN ORIGN DEL W/PPC"	"PUERPERAL PYREXIA UNKN ORIGIN DELIV W/ PPC"
"672.04"	"PUERPERAL PYREXIA UNKNOWN ORIGIN PP"	"PUERPERAL PYREXIA OF UNKNOWN ORIGIN POSTPARTUM"
"673"	"OBSTETRICAL PULMONARY EMBOLISM"	"OBSTETRICAL PULMONARY EMBOLISM"
"673.0"	"OBSTETRICAL AIR EMBOLISM"	"OBSTETRICAL AIR EMBOLISM"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"673.00"	"OB AIR EMBO UNSPEC AS EPIS CARE"	"OBSTETRICAL AIR EMBOLISM UNSPEC AS EPISODE CARE"
"673.01"	"OB AIR EMBO DELIV W/WO ANTPRTM COND"	"OB AIR EMBO W/DELIV W/WO MENTION ANTPRTM COND"
"673.02"	"OB AIR EMBO W/DELIV W/MENTION PPC"	"OBSTETRICAL AIR EMBOLISM W/DELIV W/MENTION PPC"
"673.03"	"OB AIR EMBO ANTPRTM COND/COMP"	"OBSTETRICAL AIR EMBOLISM ANTPRTM COND/COMP"
"673.04"	"OB AIR EMBO POSTPARTUM COND/COMP"	"OBSTETRICAL AIR EMBOLISM POSTPARTUM COND/COMP"
"673.1"	"AMNIOTIC FLUID EMBOLISM"	"AMNIOTIC FLUID EMBOLISM"
"673.10"	"AMNIOTIC FL EMBO UNS AS EPIS CARE"	"AMNIOTIC FLUID EMBOLISM UNSPEC AS EPISODE CARE"
"673.11"	"AMNIOTIC FLUID EMBOLISM W/DELIVERY"	"AMNIOTIC FLUID EMBOLISM DEL W/WO ANTEPARTUM COND"
"673.12"	"AMNIOTIC FL EMBO DELIV W/ PPC"	"AMNIOTIC FLUID EMBOLISM W/DELIVERY W/MENTION PPC"
"673.13"	"AMNIOTIC FL EMBO ANTPRTM COND/COMP"	"AMNIOTIC FLUID EMBOLISM ANTPRTM COND/COMP"
"673.14"	"AMNIOTIC FL EMBO PP COND/COMP"	"AMNIOTIC FLUID EMBOLISM POSTPARTUM COND/COMP"
"673.2"	"OBSTETRICAL BLOOD-CLOT EMBOLISM"	"OBSTETRICAL BLOOD-CLOT EMBOLISM"
"673.20"	"OB BLD-CLOT EMBO UNS AS EPIS CARE"	"OBSTETRICAL BLD-CLOT EMBO UNSPEC AS EPISODE CARE"
"673.21"	"OB BLOOD-CLOT EMBOLISM W/DELIVERY"	"OB BLD-CLOT EMBOLISM DEL W/WO ANTEPARTUM COND"
"673.22"	"OB BLD-CLOT EMBO W/MENTION PPC"	"OBSTETRICAL BLOOD-CLOT EMBOLISM W/MENTION PPC"
"673.23"	"OBSTETRICAL BLD-CLOT EMBO ANTPRTM"	"OBSTETRICAL BLOOD-CLOT EMBOLISM ANTEPARTUM"
"673.24"	"OB BLD-CLOT EMBO POSTPARTUM"	"OBSTETRICAL BLOOD-CLOT EMBOLISM POSTPARTUM"
"673.3"	"OBSTETRICAL PYEMIC&SEPTIC EMBOLISM"	"OBSTETRICAL PYEMIC AND SEPTIC EMBOLISM"
"673.30"	"OB PYEMIC&SEPTIC EMBO UNS EPIS CARE"	"OB PYEMIC&SEPTIC EMBO UNSPEC AS EPIS CARE"
"673.31"	"OB PYEMIC&SEPTIC EMBOLISM W/DEL"	"OB PYEMIC&SEPTIC EMBOLISM DEL W/WO ANTPRTM COND"
"673.32"	"OB PYEMIC&SEPTIC EMBO DEL W/PPC"	"OB PYEMIC&SEPTIC EMBOLISM DELIVERY W/PP COMPL"
"673.33"	"OB PYEMIC&SEPTIC EMBO ANTPRTM"	"OBSTETRICAL PYEMIC&SEPTIC EMBOLISM ANTEPARTUM"
"673.34"	"OB PYEMIC&SEPTIC EMBO POSTPARTUM"	"OBSTETRICAL PYEMIC&SEPTIC EMBOLISM POSTPARTUM"
"673.8"	"OTH OBSTETRICAL PULMONARY EMBOLISM"	"OTHER OBSTETRICAL PULMONARY EMBOLISM"
"673.80"	"OTH OB PULM EMBO UNS AS EPIS CARE"	"OTH OB PULMONARY EMBO UNSPEC AS EPIS CARE"
"673.81"	"OTH OB PULMARY EMBOLISM W/DELIVERY"	"OTH OB PULMARY EMBOLISM DEL W/WO ANTEPARTUM COND"
"673.82"	"OTH OB PULM EMBO DELIV W/ PPC"	"OTH OB PULMONARY EMBO W/DELIV W/MENTION PPC"
"673.83"	"OTH OB PULMONARY EMBO ANTPRTM"	"OTHER OBSTETRICAL PULMONARY EMBOLISM ANTEPARTUM"
"673.84"	"OTH OB PULMONARY EMBO POSTPARTUM"	"OTHER OBSTETRICAL PULMONARY EMBOLISM POSTPARTUM"
"674"	"OTH&UNSPEC COMPS PUERPERIUM NEC"	"OTHER&UNSPECIFIED COMPLICATIONS PUERPERIUM NEC"
"674.0"	"CEREBRVASC DISORDERS PUERPERIUM"	"CEREBROVASCULAR DISORDERS IN THE PUERPERIUM"
"674.00"	"CERBVASC D/O OCCUR PG CB/PP UNS EOC"	"CEREBROVASCULAR D/O OCCURRING PG CB/PP UNS EOC"
"674.01"	"CERBVASC D/O DEL W/WO ANTPRTM COND"	"CEREBROVASC D/O DELIV W/WO MENTION ANTPRTM COND"
"674.02"	"CEREBRVASC D/O DELIV W/MENTION PPC"	"CEREBROVASC DISORDER W/DELIVERY W/MENTION PPC"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"674.03"	"CEREBROVASCULAR DISORDER ANTEPARTUM"	"CEREBROVASCULAR DISORDER ANTEPARTUM"
"674.04"	"CEREBROVASCULAR DISORDER POSTPARTUM"	"CEREBROVASCULAR DISORDER POSTPARTUM"
"674.1"	"DISRUPTION OF CESAREAN WOUND"	"DISRUPTION OF CESAREAN WOUND"
"674.10"	"DISRUPT C/S WOUND UNS AS EPIS CARE"	"DISRUPTION CESAREAN WOUND UNSPEC AS EPISODE CARE"
"674.12"	"DISRUPT C/S WND DELIV W/MENTION PPC"	"DISRUPTION C-SECT WOUND W/DELIVERY W/MENTION PPC"
"674.14"	"DISRUPTION C-SECT WOUND POSTPARTUM"	"DISRUPTION OF CESAREAN WOUND POSTPARTUM"
"674.2"	"DISRUPT OBSTETRICAL PERINEAL WOUND"	"DISRUPTION OF OBSTETRICAL PERINEAL WOUND"
"674.20"	"DISRUPT PERINL WND UNS EPIS CARE PG"	"DISRUPT PERINL WOUND UNSPEC AS EPIS CARE PG"
"674.22"	"DISRUPT PERINL WOUND DEL W/PP COMPL"	"DISRUPT PERINL WOUND W/DEL W/PP COMPLICATON"
"674.24"	"DISRUPT PERINEAL WOUND POSTPARTUM"	"DISRUPTION OF PERINEAL WOUND POSTPARTUM"
"674.3"	"OTH COMPS OB SURGICAL WOUNDS"	"OTHER COMPLICATIONS OBSTETRICAL SURGICAL WOUNDS"
"674.30"	"OTH COMP OB SURG WNDS UNS EPIS CARE"	"OTH COMP OB SURGICAL WOUNDS UNSPEC AS EPIS CARE"
"674.32"	"OTH COMP OB SURG WNDS DELIV W/ PPC"	"OTH COMP OB SURG WOUNDS W/DELIV W/MENTION PPC"
"674.34"	"OTH COMP OB SURG WNDS PP COND/COMP"	"OTH COMP OB SURGICAL WOUNDS POSTPARTUM COND/COMP"
"674.4"	"PLACENTAL POLYP"	"PLACENTAL POLYP"
"674.40"	"PLACENTAL POLYP UNSPEC AS EPIS CARE"	"PLACENTAL POLYP UNSPECIFIED AS TO EPISODE CARE"
"674.42"	"PLACNTL POLYP W/DELIV W/MENTION PPC"	"PLACENTAL POLYP W/DELIVERY W/MENTION PPC"
"674.44"	"PLACENTAL POLYP"	POSTPARTUM"
"674.5"	"PERIPARTUM CARDIOMYOPATHY"	"PERIPARTUM CARDIOMYOPATHY"
"674.50"	"PERIPARTUM CARDIOMYOPATHY UNS EOC"	"PERIPARTUM CARDIOMYPATH UNS EPIS CARE/NOT APPLIC"
"674.51"	"PERIPARTUM CARDIOMYOPATHY DELIVERED"	"PERIPARTUM CARDIOMYPATH DELIV W/WO ANTPRTM COND"
"674.52"	"PERIPARTM CARDIOMYPATH DEL PP COND"	"PERIPARTUM CARDIOMYPATH DELIV W/MENTION PP COND"
"674.53"	"PERIPARTM CARDIOMYPATH ANTPRTM COMP"	"PERIPARTUM CARDIOMYOPATHY ANTPRTM COND/COMP"
"674.54"	"PERIPARTUM CARDIOMYOPATHY PP COMP"	"PERIPARTUM CARDIOMYOPATHY POSTPARTUM COND/COMP"
"674.8"	"OTHER COMPLICATIONS THE PUERPERIUM"	"OTHER COMPLICATIONS OF THE PUERPERIUM"
"674.80"	"OTH COMP PUERPERIUM UNS EPIS CARE"	"OTH COMP PUERPERIUM UNSPEC AS EPISODE CARE"
"674.82"	"OTH COMP PUERPERIUM DELIV W/ PPC"	"OTH COMP PUERPERIUM W/DELIVERY W/MENTION PPC"
"674.84"	"OTHER COMPLICATION OF PUERPERIUM"	"OTHER COMPLICATION OF PUERPERIUM"
"674.9"	"UNSPEC COMPLICATIONS PUERPERIUM"	"UNSPECIFIED COMPLICATIONS OF THE PUERPERIUM"
"674.90"	"UNS COMPS PUERPERIUM UNS EPIS CARE"	"UNSPEC COMPS PUERPERIUM UNSPEC AS EPISODE CARE"
"674.92"	"UNS COMPS PUERPERIUM DELIV W/ PPC"	"UNSPEC COMPS PUERPERIUM W/DELIVERY W/MENTION PPC"
"674.94"	"UNSPEC COMPLICATIONS PUERPERIUM"	"UNSPECIFIED COMPLICATIONS OF PUERPERIUM"
"675"	"INF BRST&NIPPLE ASSOC W/CHILDBIRTH"	"INFECTION BREAST&NIPPLE ASSOCIATED W/CHILDBIRTH"
"675.0"	"INFECTION NIPPLE ASSOC W/CHILDBIRTH"	"INFECTION OF NIPPLE ASSOCIATED WITH CHILDBIRTH"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"675.00"	"INF NIPPLEW/CHLDBRTH UNS EPIS CARE"	"INF NIPPLE ASSOC W/CHLDBRTH UNSPEC AS EPIS CARE"
"675.01"	"INFECT NIPPLE W/CHLDBRTH DELIVERED"	"INF NIPPLE W/CHLDBRTH DEL W/VO ANTEPARTUM COND"
"675.02"	"INF NIPPLEW/CHLDBRTH DELIV W/ PPC"	"INF NIPPLE ASSOC W/CHLDBRTH DELIV W/MENTION PPC"
"675.03"	"INFECTION OF NIPPLE"	ANTEPARTUM"
"675.04"	"INFECTION OF NIPPLE"	POSTPARTUM"
"675.1"	"ABSC BREAST ASSOCIATED W/CHILDBIRTH"	"ABSCESS OF BREAST ASSOCIATED WITH CHILDBIRTH"
"675.10"	"ABSC BRSTW/CHLDBRTH UNS EPIS CARE"	"ABSC BRST ASSOC W/CHILDBIRTH UNSPEC AS EPIS CARE"
"675.11"	"ABSCES BREAST W/CHLDBRTH DELIVERED"	"ABSCESS BREAST W/CHLDBRTH DEL W/VO ANTPRTM COND"
"675.12"	"ABSC BRSTW/CHLDBRTH DELIV W/ PPC"	"ABSC BRST ASSOC W/CHILDBIRTH DELIV W/MENTION PPC"
"675.13"	"ABSCESS OF BREAST"	ANTEPARTUM"
"675.14"	"ABSCESS OF BREAST"	POSTPARTUM"
"675.2"	"NONPURULENT MASTITISW/CHLDBRTH"	"NONPURULENT MASTITIS ASSOCIATED WITH CHILDBIRTH"
"675.20"	"NONPURULENT MASTITIS UNS EOC"	"NONPURULENT MASTITIS-UNS EPIS PRE/POSTNATAL CARE"
"675.21"	"NONPURULENT MASTITIS DELIVERED"	"NONPURULENT MASTITIS DELIV W/VO ANTPRTM COND"
"675.22"	"NONPURULENT MASTITIS DELIV W/ PPC"	"NONPURULENT MASTITIS DELIVERED W/MENTION PPC"
"675.23"	"NONPURULENT MASTITIS"	ANTEPARTUM"
"675.24"	"NONPURULENT MASTITIS"	POSTPARTUM"
"675.8"	"OTH SPEC INF BRST&NIPPLEW/CHLDBRTH"	"OTH SPEC INF BREAST&NIPPLE ASSOC W/CHILDBIRTH"
"675.80"	"OTH SPEC INF BRST&NPPL W/CB UNS EOC"	"OTH SPEC INF BREAST&NIPPLE W/CHILDBIRTH UNS EOC"
"675.81"	"OTH SPEC BRST&NIPPLE INF W/CB-DEL"	"OTH SPEC BREAST-NIPPLE INFECT ASSOC W/CB DELIVER"
"675.82"	"OTH INF BRST&NIPPLE W/CB DEL W/PPC"	"OTH INF BRST&NIPPLE W/CHLDBRTH DEL W/PP COMPL"
"675.83"	"OTH SPEC INF BREAST&NIPPLE ANTPRTM"	"OTHER SPEC INFECTION BREAST&NIPPLE ANTEPARTUM"
"675.84"	"OTH SPEC INF BREAST&NIPPLE PP"	"OTHER SPEC INFECTION BREAST&NIPPLE POSTPARTUM"
"675.9"	"UNS INF BRST&NIPPLEW/CHLDBRTH"	"UNSPEC INF BREAST&NIPPLE ASSOC W/CHILDBIRTH"
"675.90"	"UNS INF BREAST UNS PRE/POSTNAT EOC"	"UNS INF BRST&NIPPLE UNS PRENATAL/POSTNATAL EOC"
"675.91"	"UNS INFECT BREAST&NIPPLE DELIVERED"	"UNS INF BRST&NIPPLE DELIV W/VO ANTPRTM COND"
"675.92"	"UNS INF BRST&NIPPLE DELIV W/ PPC"	"UNSPEC INF BREAST&NIPPLE DELIV W/MENTION PPC"
"675.93"	"UNSPEC INF BREAST&NIPPLE ANTPRTM"	"UNSPECIFIED INFECTION BREAST&NIPPLE ANTEPARTUM"
"675.94"	"UNSPEC INF BREAST&NIPPLE POSTPARTUM"	"UNSPECIFIED INFECTION BREAST&NIPPLE POSTPARTUM"
"676"	"ENGORGE BRSTS UNS PRE/POSTNATAL EOC"	"OTH D/O BREAST ASSOC W/CHILDBIRTH&D/O LACTATION"
"676.0"	"RETRACTED NIPPLE ASSOC W/CHILDBIRTH"	"RETRACTED NIPPLE ASSOCIATED WITH CHILDBIRTH"
"676.00"	"RETRCT NIPPLE UNS PRE/POSTNATAL EOC"	"RETRACTED NIPPLE UNS PRENATAL/POSTNATAL EOC"
"676.01"	"RETRACTED NIPPLE DELIVERED"	"RETRACTED NIPPLE DELIV W/VO MENTION ANTPRTM COND"
"676.02"	"RETRACTED NIPPLE DELIV W/ PPC"	"RETRACTED NIPPLE DELIVERED W/MENTION PPC"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"676.03"	"RETRACTED NIPPLE ANTPRTM COND/COMP"	"RETRACTED NIPPLE ANTEPARTUM COND/COMPLICATION"
"676.04"	"RETRACTED NIPPLE PP COND/COMP"	"RETRACTED NIPPLE POSTPARTUM COND/COMPLICATION"
"676.1"	"CRACKED NIPPLE ASSOC W/CHILDBIRTH"	"CRACKED NIPPLE ASSOCIATED WITH CHILDBIRTH"
"676.10"	"CRACKED NIPPLE UNS PRE/POSTNATL EOC"	"CRACKED NIPPLE UNS PRENATAL/POSTNATAL EPIS CARE"
"676.11"	"CRACKED NIPPLE-DELIVERED"	"CRACKED NIPPLE DELIV W/WO MENTION ANTPRTM COND"
"676.12"	"CRACKED NIPPLE DELIV W/MENTION PPC"	"CRACKED NIPPLE DELIVERED W/MENTION PPC"
"676.13"	"CRACKED NIPPLE ANTPRTM COND/COMP"	"CRACKED NIPPLE ANTEPARTUM CONDITION/COMPLICATION"
"676.14"	"CRACKED NIPPLE POSTPARTUM COND/COMP"	"CRACKED NIPPLE POSTPARTUM CONDITION/COMPLICATION"
"676.2"	"ENGORGEMENT BRSTS ASSOC W/CHILDBRTH"	"ENGORGEMENT OF BREASTS ASSOCIATED W/CHILDBIRTH"
"676.20"	"BREAST ENGORGE-UNSPEC"	"ENGORGEMENT BRSTS UNS PRENATAL/POSTNATAL EOC"
"676.21"	"ENGORGE BRSTS DEL W/WO ANTPRTM COND"	"ENGORGEMENT BREASTS DEL W/WO ANTEPARTUM COND"
"676.22"	"ENGORGEMENT BRSTS DELIV W/ PPC"	"ENGORGEMENT BREASTS DELIVERED W/MENTION PPC"
"676.23"	"ENGORGEMENT OF BREAST"	ANTEPARTUM"
"676.24"	"ENGOREMENT OF BREAST"	POSTPARTUM"
"676.3"	"OTH&UNS D/O BRST ASSOC W/CHLDBRTH"	"OTH&UNSPEC DISORDER BREAST ASSOC W/CHILDBIRTH"
"676.30"	"UNS D/O BRSTW/CHLDBRTH UNS EOC"	"OTH&UNS D/O BRST ASSOC W/CHLDBRTH UNS EPIS CARE"
"676.31"	"UNS D/O BREAST W/CB DELIVERED"	"UNS D/O BREAST W/CHLDBRTH DEL W/WO ANTPRTM COND"
"676.32"	"UNS D/O BRSTW/CHLDBRTH DELIV W/ PPC"	"OTH&UNS D/O BREAST W/CHILDBIRTH DEL W/PP COMPL"
"676.33"	"UNS D/O BRSTW/CHLDBRTH ANTPRTM COMP"	"OTH&UNS D/O BRSTW/CHLDBRTH ANTPRTM COND/COMP"
"676.34"	"UNS D/O BRSTW/CHLDBRTH PP COND/COMP"	"OTH&UNS D/O BRST ASSOC W/CHLDBRTH PP COND/COMP"
"676.4"	"FAILURE OF LACTATION"	"FAILURE OF LACTATION"
"676.40"	"FAIL LACTATION UNSPEC AS EPIS CARE"	"FAILURE LACTATION UNSPECIFIED AS TO EPISODE CARE"
"676.41"	"FAILED LACTATION W/DELIVERY"	"FAILED LACTATION W/DEL W/WO MENTION ANTPRTM COND"
"676.42"	"FAIL LACTATION DELIV W/MENTION PPC"	"FAILURE LACTATION W/DELIVERY W/MENTION PPC"
"676.43"	"FAILURE LACTATION ANTPRTM COND/COMP"	"FAILURE LACTATION ANTEPARTUM COND/COMPLICATION"
"676.44"	"FAIL LACTATION POSTPARTUM COND/COMP"	"FAILURE LACTATION POSTPARTUM COND/COMPLICATION"
"676.5"	"SUPPRESSED LACTATION"	"SUPPRESSED LACTATION"
"676.50"	"SUPPRESSED LACTATION UNS EPIS CARE"	"SUPPRESSED LACTATION UNSPECIFIED AS EPISODE CARE"
"676.51"	"SUPPRESSED LACTATION W/DELIVERY"	"SUPPRESSED LACTATION DELIV W/WO ANTPRTM COND"
"676.52"	"SUPPRESSED LACTATION DELIV W/ PPC"	"SUPPRESSED LACTATION W/DELIVERY W/MENTION PPC"
"676.53"	"SUPPRSED LACTATION ANTPRTM COMP"	"SUPPRESSED LACTATION ANTPRTM COND/COMPLICATION"
"676.54"	"SUPPRESSED LACTATION PP COND/COMP"	"SUPPRESSED LACTATION POSTPARTUM COND/COMP"
"676.6"	"GALACTORRHEA"	"GALACTORRHEA"
"676.60"	"GALACTORRHEAW/CHLDBRTH UNS EOC"	"GALACTORRHEA ASSOC W/CHLDBRTH UNS AS EPIS CARE"

EXCLUDED SERVICES

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"676.61"	"GALACTORRHEA DEL W/WO ANTPRTM COND"	"GALACTORRHEA W/DELIV W/WO MENTION ANTPRTM COND"
"676.62"	"GALACTORRHEA W/DELIV W/MENTION PPC"	"GALACTORRHEA W/DELIVERY W/MENTION PPC"
"676.63"	"GALACTORRHEA ANTPRTM COND/COMP"	"GALACTORRHEA ANTEPARTUM CONDITION/COMPLICATION"
"676.64"	"GALACTORRHEA POSTPARTUM COND/COMP"	"GALACTORRHEA POSTPARTUM CONDITION/COMPLICATION"
"676.8"	"OTHER DISORDERS OF LACTATION"	"OTHER DISORDERS OF LACTATION"
"676.80"	"OTH D/O LACTATION UNS AS EPIS CARE"	"OTHER DISORDER LACTATION UNSPEC AS EPISODE CARE"
"676.81"	"OTH D/O LACTATION W/DELIVERY"	"OTH D/O LACTATION DELIV W/WO ANTPRTM COND"
"676.82"	"OTH D/O LACTATION DELIV W/ PPC"	"OTH DISORDER LACTATION W/DELIVERY W/MENTION PPC"
"676.83"	"OTH D/O LACTATION ANTPRTM COND/COMP"	"OTH DISORDER LACTATION ANTPRTM COND/COMPLICATION"
"676.84"	"OTH DISORDER LACTATION PP COND/COMP"	"OTH DISORDER LACTATION POSTPARTUM COND/COMP"
"676.9"	"UNSPECIFIED DISORDER OF LACTATION"	"UNSPECIFIED DISORDER OF LACTATION"
"676.90"	"UNS D/O LACTATION UNS AS EPIS CARE"	"UNSPEC DISORDER LACTATION UNSPEC AS EPISODE CARE"
"676.91"	"UNS D/O LACTATION DELIVERY"	"UNS D/O LACTATION DELIV W/WO ANTPRTM COND"
"676.92"	"UNS D/O LACTATION DELIV W/ PPC"	"UNSPEC DISORDER LACTATION W/DELIV W/MENTION PPC"
"676.93"	"UNS D/O LACTATION ANTPRTM COND/COMP"	"UNSPEC DISORDER LACTATION ANTPRTM COND/COMP"
"676.94"	"UNSPEC D/O LACTATION PP COND/COMP"	"UNSPEC DISORDER LACTATION POSTPARTUM COND/COMP"
"677"	"LATE EFF COMP PREG-PUERP"	"LATE EFFECT COMP PG CHILDBIRTH&THE PUERPERIUM"
PSYCHIATRIC		
ICD9Code	Short Description	Long Description
"295.0"	"SIMPLE TYPE SCHIZOPHRENIA"	"SIMPLE TYPE SCHIZOPHRENIA"
"295.00"	"SIMPLE SCHIZOPHRENIA UNSPEC COND"	"SIMPLE SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.01"	"SIMPLE SCHIZO SUBCHRONIC COND"	"SIMPLE SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.02"	"SIMPLE SCHIZOPHRENIA CHRONIC COND"	"SIMPLE SCHIZOPHRENIA CHRONIC CONDITION"
"295.03"	"SMPL SCHIZO SUBCHRNW/ACUT EXACERBAT"	"SIMPLE SCHIZO SUBCHRONIC COND W/ACUTE EXACERBAT"
"295.04"	"SMPL SCHIZO CHRONW/ACUT EXACERBAT"	"SIMPLE SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.05"	"SIMPLE SCHIZOPHRENIA	IN REMISSION"
"295.1"	"DISORGANIZED TYPE SCHIZOPHRENIA"	"DISORGANIZED TYPE SCHIZOPHRENIA"
"295.10"	"DISORG SCHIZOPHRENIA UNSPEC COND"	"DISORGANIZED SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.11"	"DISORG SCHIZO SUBCHRONIC COND"	"DISORGANIZED SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.12"	"DISORG SCHIZOPHRENIA CHRONIC COND"	"DISORGANIZED SCHIZOPHRENIA CHRONIC CONDITION"
"295.13"	"DISORG SCHIZO SUBCHRNW/ACUT XACRBAT"	"DISORG SCHIZO SUBCHRONIC COND W/ACUTE EXACERBAT"
"295.14"	"DISORG SCHIZO CHRONW/ACUT EXACERBAT"	"DISORG SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.15"	"DISORG SCHIZOPHRENIA REMISSION"	"DISORGANIZED SCHIZOPHRENIA IN REMISSION"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	Short Description	Long Description
"295.2"	"CATATONIC TYPE SCHIZOPHRENIA"	"CATATONIC TYPE SCHIZOPHRENIA"
"295.20"	"CATATONIC SCHIZOPHRENIA UNSPEC COND"	"CATATONIC SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.21"	"CATATONIC SCHIZO SUBCHRONIC COND"	"CATATONIC SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.22"	"CATATONIC SCHIZO CHRONIC COND"	"CATATONIC SCHIZOPHRENIA CHRONIC CONDITION"
"295.23"	"CATATON SCHIZO SUBCHRON W/AC EXCERB"	"CATATONIC SCHIZO SUBCHRON COND W/ACUT EXACERBAT"
"295.24"	"CATATONIC SCHIZO CHRNW/ACUT XACRBAT"	"CATATONIC SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.25"	"CATATONIC SCHIZOPHRENIA REMISSION"	"CATATONIC SCHIZOPHRENIA IN REMISSION"
"295.3"	"PARANOID TYPE SCHIZOPHRENIA"	"PARANOID TYPE SCHIZOPHRENIA"
"295.30"	"PARANOID SCHIZOPHRENIA UNSPEC COND"	"PARANOID SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.31"	"PARANOID SCHIZO SUBCHRONIC COND"	"PARANOID SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.32"	"PARANOID SCHIZOPHRENIA CHRONIC COND"	"PARANOID SCHIZOPHRENIA CHRONIC CONDITION"
"295.33"	"PARANOID SCHIZO SUBCHRNW/AC XACRBAT"	"PARANOID SCHIZO SUBCHRONIC COND W/ACUT EXACERBAT"
"295.34"	"PARANOID SCHIZO CHRNW/ACUT EXACRBAT"	"PARANOID SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.35"	"PARANOID SCHIZOPHRENIA IN REMISSION"	"PARANOID SCHIZOPHRENIA IN REMISSION"
"295.4"	"SCHIZOPHRENIFORM DISORDER"	"SCHIZOPHRENIFORM DISORDER"
"295.40"	"SCHIZOPHRENIFORM DISORDER UNSPEC"	"SCHIZOPHRENIFORM DISORDER UNSPECIFIED"
"295.41"	"SCHIZOPHRENIFORM DISORDER SUBCHRON"	"SCHIZOPHRENIFORM DISORDER SUBCHRONIC"
"295.42"	"SCHIZOPHRENIFORM DISORDER CHRONIC"	"SCHIZOPHRENIFORM DISORDER CHRONIC"
"295.43"	"SCHIZOPHRENIFORM SUBCHRN AC XACRBAT"	"SCHIZOPHRENIFORM D/O SUBCHRON W/ACUT EXACERBAT"
"295.44"	"SCHIZOPHRENIFORM CHRN AC XACRBAT"	"SCHIZOPHRENIFORM DISORDER CHRON W/ACUT EXACERBAT"
"295.45"	"SCHIZOPHRENIFORM DISORDER REMISSION"	"SCHIZOPHRENIFORM DISORDER IN REMISSION"
"295.5"	"LATENT SCHIZOPHRENIA"	"LATENT SCHIZOPHRENIA"
"295.50"	"LATENT SCHIZOPHRENIA UNSPEC COND"	"LATENT SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.51"	"LATENT SCHIZO SUBCHRONIC COND"	"LATENT SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.52"	"LATENT SCHIZOPHRENIA CHRONIC COND"	"LATENT SCHIZOPHRENIA CHRONIC CONDITION"
"295.53"	"LATENT SCHIZO SUBCHRNW/ACUT XACRBAT"	"LATENT SCHIZO SUBCHRONIC COND W/ACUTE EXACERBAT"
"295.54"	"LATENT SCHIZO CHRONW/ACUT EXACERBAT"	"LATENT SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.55"	"LATENT SCHIZOPHRENIA	IN REMISSION"
"295.6"	"SCHIZOPHRENIC D/O RESIDUAL TYPE"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE"
"295.60"	"SCHIZOPHRENIC D/O RESIDUL TYPE UNS"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE UNSPEC"
"295.61"	"SCHIZO D/O RESIDUL TYPE SUBCHRN"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE SUBCHRONIC"
"295.62"	"SCHIZOPHRENIC D/O RESIDUL TYPE CHRN"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE CHRONIC"
"295.63"	"SCHIZO D/O RESIDL SBCHRN AC XACRBAT"	"SCHIZO D/O RESIDUL TYPE SUBCHRN W/ACUT XACRBAT"
"295.64"	"SCHIZO D/O RESIDUL CHRN AC XACRBAT"	"SCHIZO D/O RESIDUL TYPE CHRN W/ACUT XACRBAT"

EXCLUDED SERVICES

PSYCHIATRIC (continued)		
ICD9Code	Short Description	Long Description
"295.65"	"SCHIZO D/O RESIDUL TYPE REMISS"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE REMISSION"
"295.7"	"SCHIZOAFFECTIVE DISORDER"	"SCHIZOAFFECTIVE DISORDER"
"295.70"	"SCHIZOAFFECTIVE DISORDER UNSPEC"	"SCHIZOAFFECTIVE DISORDER UNSPECIFIED"
"295.71"	"SCHIZOAFFECTIVE DISORDER SUBCHRONIC"	"SCHIZOAFFECTIVE DISORDER SUBCHRONIC"
"295.72"	"SCHIZOAFFECTIVE DISORDER CHRONIC"	"SCHIZOAFFECTIVE DISORDER CHRONIC"
"295.73"	"SCHIZOAFFCT D/O SUBCHRN AC XACRBAT"	"SCHIZOAFFCT DISORDER SUBCHRONIC W/ACUT EXACERBAT"
"295.74"	"SCHIZOAFFCT D/O CHRN W/ACUT XACRBAT"	"SCHIZOAFFECT DISORDER CHRONIC W/ACUTE EXACERBAT"
"295.75"	"SCHIZOAFFECTIVE DISORDER REMISSION"	"SCHIZOAFFECTIVE DISORDER IN REMISSION"
"295.8"	"OTHER SPECIFIED TYPES SCHIZOPHRENIA"	"OTHER SPECIFIED TYPES OF SCHIZOPHRENIA"
"295.80"	"OTH SPEC TYPES SCHIZO UNSPEC COND"	"OTHER SPEC TYPES SCHIZOPHRENIA UNSPEC CONDITION"
"295.81"	"OTH SPEC TYPES SCHIZO SUBCHRON COND"	"OTHER SPEC TYPES SCHIZOPHRENIA SUBCHRONIC COND"
"295.82"	"OTH SPEC TYPES SCHIZO CHRONIC COND"	"OTHER SPEC TYPES SCHIZOPHRENIA CHRONIC CONDITION"
"295.83"	"OTH SPEC SCHZO SUBCHRON W/AC EXACRB"	"OTH SPEC TYPES SCHIZO SUBCHRONW/ACUT EXACERBAT"
"295.84"	"OTH TYPES SCHIZO CHRNW/ACUT XACRBAT"	"OTH SPEC TYPES SCHIZO CHRONW/ACUT EXACERBAT"
"295.85"	"OTH SPEC TYPES SCHIZO REMISSION"	"OTHER SPECIFIED TYPES OF SCHIZOPHRENIA REMISSION"
"295.9"	"UNSPECIFIED SCHIZOPHRENIA"	"UNSPECIFIED SCHIZOPHRENIA"
"296.0"	"BIPLR I DISORDER SINGLE MANIC EPIS"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE"
"296.00"	"BIPLR I D/O SINGLE MANIC EPIS UNS"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE UNSPEC"
"296.01"	"BIPLR I D/O SINGLE MANIC EPIS MILD"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE MILD"
"296.02"	"BIPLR I D/O SINGLE MANIC EPIS MOD"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE MODERATE"
"296.03"	"BIPLR I D/O 1 MANIC EPIS NO PSYCHOT"	"BIPOLAR I D/O 1 MANIC EPIS SEV W/O PSYCHOT BHV"
"296.04"	"BIPLR I D/O 1 MANIC EPIS W/PSYCHOT"	"BIPOLAR I D/O 1 MANIC EPIS SEV W/PSYCHOT BHV"
"296.05"	"BIPLR I D/O 1 MNIC EPIS PART REMISS"	"BIPOLAR I D/O 1 MANIC EPIS PART/UNS REMISSION"
"296.06"	"BIPLR I D/O 1 MNIC EPIS FULL REMISS"	"BIPOLAR I D/O SINGLE MANIC EPIS FULL REMISSION"
"296.1"	"MANIC DISORDER	RECURRENT EPISODE"
"296.10"	"MANIC DISORDER RECUR EPIS UNSPEC"	"MANIC DISORDER RECURRENT EPISODE UNSPECIFIED"
"296.11"	"MANIC DISORDER RECURRENT EPIS MILD"	"MANIC DISORDER RECURRENT EPISODE MILD"
"296.12"	"MANIC DISORDER RECURRENT EPIS MOD"	"MANIC DISORDER RECURRENT EPISODE MODERATE"
"296.13"	"MANIC RECUR D/O EPIS SEVERE"	"MANIC D/O RECUR EPIS SEV W/O MENTION PSYCHOT BHV"
"296.14"	"RECUR MANIC-SEV W PSYCHO"	"MANIC D/O RECUR EPIS SEV SPEC AS W/PSYCHOT BHV"
"296.15"	"MNIC D/O RECUR EPIS PART/UNS REMISS"	"MANIC DISORDER RECUR EPIS PART/UNSPEC REMISSION"
"296.16"	"MANIC D/O RECUR EPIS FULL REMISSION"	"MANIC DISORDER RECURRENT EPISODE FULL REMISSION"
"296.2"	"MAJOR DPRSV DISORDER SINGLE EPISODE"	"MAJOR DEPRESSIVE DISORDER SINGLE EPISODE"
"296.20"	"MAJ DPRSV D/O SINGLE EPIS UNSPEC"	"MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNSPEC"

EXCLUDED SERVICES

PSYCHIATRIC (continued)		
ICD9Code	Short Description	Long Description
"296.21"	"MAJ DPRSV DISORDER SINGLE EPIS MILD"	"MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD"
"296.22"	"MAJ DPRSV DISORDER SINGLE EPIS MOD"	"MAJOR DPRSV DISORDER SINGLE EPISODE MODERATE"
"296.23"	"MAJ DEPRESS D/O 1 EPIS SEVERE"	"MAJ DPRSV D/O 1 EPIS SEV W/O MENTION PSYCHOT BHV"
"296.24"	"MAJ DEPRESS 1 EPIS SEVR W/PSYCHOT"	"MAJ DPRSV D/O 1 EPIS SEV SPEC AS W/PSYCHOT BHV"
"296.25"	"MAJ DEPRESS 1 EPIS PART/UNS REMIS"	"MAJ DPRSV D/O SINGLE EPIS PART/UNSPEC REMISSION"
"296.26"	"MAJ DPRSV D/O 1 EPIS FULL REMISSION"	"MAJOR DPRSV DISORDER SINGLE EPIS FULL REMISSION"
"296.3"	"MAJOR DPRSV DISORDER RECURRENT EPIS"	"MAJOR DEPRESSIVE DISORDER RECURRENT EPISODE"
"296.30"	"MAJ DPRSV D/O RECUR EPIS UNSPEC"	"MAJOR DPRSV DISORDER RECURRENT EPISODE UNSPEC"
"296.31"	"MAJ DPRSV DISORDER RECUR EPIS MILD"	"MAJOR DEPRESSIVE DISORDER RECURRENT EPISODE MILD"
"296.32"	"MAJOR DPRSV DISORDER RECUR EPIS MOD"	"MAJOR DPRSV DISORDER RECURRENT EPISODE MODERATE"
"296.33"	"MJR DEPRESS D/O RECUR EPIS-SEVERE"	"MAJ DPRSV D/O RECUR EPIS SEV W/O PSYCHOT BHV"
"296.34"	"MJR DEPRES D/O RECUR EPIS-PSYCHOTIC"	"MAJ DPRSV D/O RECUR EPIS SEV SPEC W/PSYCHOT BHV"
"296.35"	"MJR DEPRESS D/O RECUR EPIS-PART REM"	"MAJ DPRSV D/O RECUR EPIS PART/UNSPEC REMISSION"
"296.36"	"MJR DEPRESS D/O RECUR EPIS-FULL REM"	"MAJOR DPRSV DISORDER RECUR EPIS FULL REMISSION"
"296.4"	"BIPLR I D/O MOST RECENT EPIS MANIC"	"BIPOLAR I DISORDER MOST RECENT EPISODE MANIC"
"296.40"	"BIPLR I MOST RECENT EPIS MANIC UNS"	"BIPOLAR I DISORDER MOST RECENT EPIS MANIC UNSPEC"
"296.41"	"BIPLR I MOST RECENT EPIS MANIC MILD"	"BIPOLAR I DISORDER MOST RECENT EPIS MANIC MILD"
"296.42"	"BIPLR I MOST RECENT EPIS MANIC MOD"	"BIPOLAR I DISORDER MOST RECENT EPIS MANIC MOD"
"296.43"	"BP I MOST RECNT MNIC SEV NO PSYCHOT"	"BIPLR I MOST RECENT EPIS MNIC SEV NO PSYCHOT BHV"
"296.44"	"BP I MOST RECENT MNIC SEV W/PSYCHOT"	"BIPLR I MOST RECENT EPIS MNIC SEV W/PSYCHOT BHV"
"296.45"	"BIPLR I RECENT MNIC PART/UNS REMISS"	"BIPLR I D/O MOST RECENT EPIS MNIC PART/UNS REMIS"
"296.46"	"BIPLR I RECENT MANIC FULL REMISS"	"BIPLR I D/O MOST RECENT EPIS MNIC FULL REMISSION"
"296.5"	"BIPLR I D/O MOST RECENT EPIS DPRSD"	"BIPOLAR I DISORDER MOST RECENT EPISODE DEPRESSED"
"296.50"	"BIPLR I MOST RECENT EPIS DPRSD UNS"	"BIPOLAR I D/O MOST RECENT EPIS DEPRESSED UNS"
"296.51"	"BIPLR I MOST RECENT EPIS DPRSD MILD"	"BIPOLAR I D/O MOST RECENT EPIS DEPRESSED MILD"
"296.52"	"BIPLR I MOST RECENT EPIS DPRSD MOD"	"BIPOLAR I D/O MOST RECENT EPIS DEPRESSED MOD"
"296.53"	"BIPLR I RECENT DPRSD SEV NO PSYCHOT"	"BIPLR I MOST RECENT EPIS DPRS SEV NO PSYCHOT BHV"
"296.54"	"BIPLR I RECENT DPRSD SEV W/PSYCHOT"	"BIPLR I MOST RECENT EPIS DPRSD SEV W/PSYCHOT BHV"
"296.55"	"BIPLR I RECENT DPRSD PART/UNS REMIS"	"BIPLR I MOST RECENT EPIS DPRSD PART/UNS REMISS"
"296.56"	"BIPLR I RECENT DPRSD FULL REMISS"	"BIPLR I D/O MOST RECENT EPIS DPRSD FULL REMISS"
"296.6"	"BIPLR I D/O MOST RECENT EPIS MIX"	"BIPOLAR I DISORDER MOST RECENT EPISODE MIXED"
"296.60"	"BIPLR I MOST RECENT EPIS MIX UNS"	"BIPOLAR I DISORDER MOST RECENT EPIS MIXED UNSPEC"
"296.61"	"BIPLR I MOST RECENT EPIS MIX MILD"	"BIPOLAR I DISORDER MOST RECENT EPIS MIXED MILD"
"296.62"	"BIPLR I MOST RECENT EPIS MIX MOD"	"BIPOLAR I DISORDER MOST RECENT EPIS MIX MODERATE"

EXCLUDED SERVICES

PSYCHIATRIC (continued)		
ICD9Code	Short Description	Long Description
"296.63"	"BIPLR I RECENT MIX SEV W/O PSYCHOT"	"BIPLR I MOST RECENT EPIS MIX SEV W/O PSYCHOT BHV"
"296.64"	"BIPLR I RECENT MIX SEV W/PSYCHOT"	"BIPLR I MOST RECENT EPIS MIX SEV W/PSYCHOT BHV"
"296.65"	"BIPLR I RECENT MIX PART/UNS REMISS"	"BIPLR I D/O MOST RECENT EPIS MIX PART/UNS REMISS"
"296.66"	"BIPLR I RECENT EPIS MIX FULL REMISS"	"BIPLR I D/O MOST RECENT EPIS MIX FULL REMISSION"
"296.7"	"BIPLR I D/O MOST RECENT EPIS UNSPEC"	"BIPOLAR I DISORDER MOST RECENT EPISODE UNSPEC"
"296.8"	"OTHER&UNSPECIFIED BIPOLAR DISORDERS"	"OTHER AND UNSPECIFIED BIPOLAR DISORDERS"
"296.80"	"BIPOLAR DISORDER UNSPECIFIED"	"BIPOLAR DISORDER UNSPECIFIED"
"296.81"	"ATYPICAL MANIC DISORDER"	"ATYPICAL MANIC DISORDER"
"296.82"	"ATYPICAL DEPRESSIVE DISORDER"	"ATYPICAL DEPRESSIVE DISORDER"
"296.89"	"OTHER&UNSPECIFIED BIPOLAR DISORDERS"	"OTHER AND UNSPECIFIED BIPOLAR DISORDERS"
"296.9"	"OTHER&UNSPEC EPISODIC MOOD DISORDER"	"OTHER AND UNSPECIFIED EPISODIC MOOD DISORDER"
"300.0"	"ANXIETY STATES"	"ANXIETY STATES"
"300.00"	"ANXIETY STATE"	UNSPECIFIED"
"300.01"	"PANIC DISORDER WITHOUT AGORAPHOBIA"	"PANIC DISORDER WITHOUT AGORAPHOBIA"
"300.02"	"GENERALIZED ANXIETY DISORDER"	"GENERALIZED ANXIETY DISORDER"
"300.09"	"OTHER ANXIETY STATES"	"OTHER ANXIETY STATES"
"300.1"	"DISSOCIATIV CONVRSION&FACTITIOUS D/O"	"DISSOCIATIVE CONVERSION AND FACTITIOUS DISORDERS"
"300.10"	"HYSTERIA"	UNSPECIFIED"
"300.11"	"CONVERSION DISORDER"	"CONVERSION DISORDER"
"300.12"	"DISSOCIATIVE AMNESIA"	"DISSOCIATIVE AMNESIA"
"300.13"	"DISSOCIATIVE FUGUE"	"DISSOCIATIVE FUGUE"
"300.14"	"DISSOCIATIVE IDENTITY DISORDER"	"DISSOCIATIVE IDENTITY DISORDER"
"300.15"	"DISSOCIATIVE DISORDER/REACT UNSPEC"	"DISSOCIATIVE DISORDER OR REACTION UNSPECIFIED"
"300.16"	"FACTITIOUS D/O PREDOM PSYCH SIGN&SX"	"FACTITIOUS D/O W/PREDOM PSYCHOLOGICAL SIGNS&SX"
"300.19"	"OTHER&UNSPEC FACTITIOUS ILLNESS"	"OTHER AND UNSPECIFIED FACTITIOUS ILLNESS"
"300.2"	"PHOBIC DISORDERS"	"PHOBIC DISORDERS"
"296"	"EPISODIC MOOD DISORDERS"	"EPISODIC MOOD DISORDERS"
"297"	"DELUSIONAL DISORDERS"	"DELUSIONAL DISORDERS"
"298"	"OTHER NONORGANIC PSYCHOSES"	"OTHER NONORGANIC PSYCHOSES"
"299.0"	"AUTISTIC DISORDER"	"AUTISTIC DISORDER"
"299.1"	"CHILDHOOD DISINTEGRATIVE DISORDER"	"CHILDHOOD DISINTEGRATIVE DISORDER"
"299.9"	"UNSPEC PERVASIVE DVLPMNTL DISORDER"	"UNSPECIFIED PERVASIVE DEVELOPMENTAL DISORDER"
"300.8"	"SOMATOFORM DISORDERS"	"SOMATOFORM DISORDERS"
"301"	"PERSONALITY DISORDERS"	"PERSONALITY DISORDERS"

EXCLUDED SERVICES

PSYCHIATRIC (continued)		
ICD9Code	Short Description	Long Description
"301.1"	"AFFECTIVE PERSONALITY DISORDER"	"AFFECTIVE PERSONALITY DISORDER"
"301.2"	"SCHIZOID PERSONALITY DISORDER"	"SCHIZOID PERSONALITY DISORDER"
"301.5"	"HISTRIONIC PERSONALITY DISORDER"	"HISTRIONIC PERSONALITY DISORDER"
"301.8"	"OTHER PERSONALITY DISORDERS"	"OTHER PERSONALITY DISORDERS"
SUBSTANCE ABUSE		
ICD9Code	Short Description	Long Description
"290"	"DEMENTIAS"	"DEMENTIAS"
"290.0"	"SENILE DEMENTIA	UNCOMPLICATED"
"290.1"	"PRESENILE DEMENTIA"	"PRESENILE DEMENTIA"
"290.10"	"PRESENILE DEMENTIA	UNCOMPLICATED"
"290.11"	"PRESENILE DEMENTIA WITH DELIRIUM"	"PRESENILE DEMENTIA WITH DELIRIUM"
"290.12"	"PRESENILE DEMENTIA W/DLUSIONL FTUR"	"PRESENILE DEMENTIA WITH DELUSIONAL FEATURES"
"290.13"	"PRESENILE DEMENTIA W/DPRSV FEATURES"	"PRESENILE DEMENTIA WITH DEPRESSIVE FEATURES"
"290.2"	"SENILE DEMENT W/DLUSIONL/DPRSV FTUR"	"SENILE DEMENTIA W/DELUSIONAL/DEPRESSIVE FEATURES"
"290.20"	"SENILE DEMENTIA W/DLUSIONL FEATURES"	"SENILE DEMENTIA WITH DELUSIONAL FEATURES"
"290.21"	"SENILE DEMENTIA W/DPRSV FEATURES"	"SENILE DEMENTIA WITH DEPRESSIVE FEATURES"
"290.3"	"SENILE DEMENTIA WITH DELIRIUM"	"SENILE DEMENTIA WITH DELIRIUM"
"290.4"	"VASCULAR DEMENTIA"	"VASCULAR DEMENTIA"
"290.40"	"VASCULAR DEMENTIA UNCOMPLICATED"	"VASCULAR DEMENTIA UNCOMPLICATED"
"290.41"	"VASCULAR DEMENTIA WITH DELIRIUM"	"VASCULAR DEMENTIA WITH DELIRIUM"
"290.42"	"VASCULAR DEMENTIA WITH DELUSIONS"	"VASCULAR DEMENTIA WITH DELUSIONS"
"290.43"	"VASCULAR DEMENTIA W/DEPRESSED MOOD"	"VASCULAR DEMENTIA WITH DEPRESSED MOOD"
"290.8"	"OTHER SPEC SENILE PSYCHOTIC CONDS"	"OTHER SPECIFIED SENILE PSYCHOTIC CONDITIONS"
"290.9"	"UNSPEC SENILE PSYCHOTIC CONDITION"	"UNSPECIFIED SENILE PSYCHOTIC CONDITION"
"291"	"ALCOHOL-INDUCED MENTAL DISORDERS"	"ALCOHOL-INDUCED MENTAL DISORDERS"
"291.0"	"ALCOHOL WITHDRAWAL DELIRIUM"	"ALCOHOL WITHDRAWAL DELIRIUM"
"291.1"	"ALCOHOL-INDUCD PERSIST AMNESTIC D/O"	"ALCOHOL-INDUCED PERSISTING AMNESTIC DISORDER"
"291.2"	"ALCOHOL-INDUCED PERSISTING DEMENTIA"	"ALCOHOL-INDUCED PERSISTING DEMENTIA"
"291.3"	"ALC-INDUCD PSYCHOT D/O W/HALLUCINAT"	"ALCOHOL-INDUCED PSYCHOT DISORDER W/HALLUCINATION"
"291.4"	"IDIOSYNCRATIC ALCOHOL INTOXICATION"	"IDIOSYNCRATIC ALCOHOL INTOXICATION"
"291.5"	"ALC-INDUCD PSYCHOT D/O W/DELUSIONS"	"ALCOHOL-INDUCED PSYCHOTIC DISORDER W/DELUSIONS"
"291.8"	"OTH SPEC ALCOHOL-INDUCED MENTAL D/O"	"OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"291.81"	"ALCOHOL WITHDRAWAL"	"ALCOHOL WITHDRAWAL"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"291.89"	"OTH SPEC ALCOHOL-INDUCED MENTAL D/O"	"OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"291.9"	"UNSPEC ALCOHOL-INDUCED MENTAL D/O"	"UNSPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"292"	"DRUG-INDUCED MENTAL DISORDERS"	"DRUG-INDUCED MENTAL DISORDERS"
"292.0"	"DRUG WITHDRAWAL"	"DRUG WITHDRAWAL"
"292.1"	"PARANOID&/HALLUCIN STATES INDUCD-RX"	"PARANOID &OR HALLUCINATORY STATES INDUCED DRUGS"
"292.11"	"DRUG-INDUCD PSYCHOT D/O W/DELUSIONS"	"DRUG-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS"
"292.12"	"DRUG-INDUCD PSYCHOT D/O W/HALLUCIN"	"DRUG-INDUCED PSYCHOTIC DISORDER W/HALLUCINATIONS"
"292.2"	"PATHOLOGICAL DRUG INTOXICATION"	"PATHOLOGICAL DRUG INTOXICATION"
"292.8"	"OTH SPEC DRUG-INDUCED MENTAL D/O"	"OTHER SPECIFIED DRUG-INDUCED MENTAL DISORDERS"
"292.81"	"DRUG-INDUCED DELIRIUM"	"DRUG-INDUCED DELIRIUM"
"292.82"	"DRUG-INDUCED PERSISTING DEMENTIA"	"DRUG-INDUCED PERSISTING DEMENTIA"
"292.83"	"DRUG-INDUCD PERSISTING AMNESTIC D/O"	"DRUG-INDUCED PERSISTING AMNESTIC DISORDER"
"292.84"	"DRUG-INDUCED MOOD DISORDER"	"DRUG-INDUCED MOOD DISORDER"
"292.89"	"OTH SPEC DRUG-INDUCD MENTL DISORDER"	"OTHER SPECIFIED DRUG-INDUCED MENTAL DISORDER"
"292.9"	"UNSPEC DRUG-INDUCED MENTAL DISORDER"	"UNSPECIFIED DRUG-INDUCED MENTAL DISORDER"
"293"	"TRANSIENT MENTL D/O-COND CLASS ELSW"	"TRANSIENT MENTAL DISORDERS DUE CONDS CLASS ELSW"
"293.0"	"DELIRIUM DUE CONDS CLASSIFIED ELSW"	"DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE"
"293.1"	"SUBACUTE DELIRIUM"	"SUBACUTE DELIRIUM"
"293.8"	"OTH SPEC TRANSNT MENTL D/O CLSS ELS"	"OTH SPEC TRANSIENT MENTL D/O DUE COND CLASS ELSW"
"293.81"	"PSYCHOT W/DELUSION COND CLASS ELSW"	"PSYCHOTIC DISORDER W/DELUSIONS CONDS CLASS ELSW"
"293.82"	"PSYCHOT W/HALLUCNAT COND CLASS ELSW"	"PSYCHOTIC D/O W/HALLUCINATIONS CONDS CLASS ELSW"
"293.83"	"MOOD DISORDER CONDS CLASSIFIED ELSW"	"MOOD DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE"
"293.84"	"ANXIETY DISORDER CONDS CLASS ELSW"	"ANXIETY DISORDER CONDITIONS CLASSIFIED ELSEWHERE"
"293.89"	"OTH TRANSNT MENTL D/O COND CLSS ELS"	"OTH TRANSIENT MENTAL D/O DUE CONDS CLASS ELSW"
"293.9"	"UNS TRANSNT MENTL D/O COND CLSS ELS"	"UNSPEC TRANSIENT MENTL DISORDER CONDS CLASS ELSW"
"294"	"PERSISTNT MENTL D/O COND CLASS ELSW"	"PERSISTENT MENTAL DISORDERS DUE CONDS CLASS ELSW"
"294.0"	"AMNESTIC DISORDER CONDS CLASS ELSW"	"AMNESTIC DISORDER CONDS CLASSIFIED ELSEWHERE"
"294.1"	"DEMENTIA CONDS CLASSIFIED ELSEWHERE"	"DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE"
"294.10"	"DEMENTIA CCE W/O BEHAV DISTURB"	"DEMENTIA CONDS CLASS ELSW W/O BHVAL DISTURBANCE"
"294.11"	"DEMENTIA CCE W/BEHAV DISTURBANCES"	"DEMENTIA CCE W/BEHAVIORAL DISTURBANCES"
"294.8"	"OTH PERSIST MENTL D/O COND CLSS ELS"	"OTH PERSISTENT MENTAL D/O DUE CONDS CLASS ELSW"
"294.9"	"UNS PERSIST MENTL D/O COND CLSS ELS"	"UNSPEC PERSISTENT MENTL D/O DUE CONDS CLASS ELSW"
"295"	"SCHIZOPHRENIC DISORDERS"	"SCHIZOPHRENIC DISORDERS"
"295.0"	"SIMPLE TYPE SCHIZOPHRENIA"	"SIMPLE TYPE SCHIZOPHRENIA"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"295.00"	"SIMPLE SCHIZOPHRENIA UNSPEC COND"	"SIMPLE SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.01"	"SIMPLE SCHIZO SUBCHRONIC COND"	"SIMPLE SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.02"	"SIMPLE SCHIZOPHRENIA CHRONIC COND"	"SIMPLE SCHIZOPHRENIA CHRONIC CONDITION"
"295.03"	"SMPL SCHIZO SUBCHRNW/ACUT EXACERBAT"	"SIMPLE SCHIZO SUBCHRONIC COND W/ACUTE EXACERBAT"
"295.04"	"SMPL SCHIZO CHRONW/ACUT EXACERBAT"	"SIMPLE SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.05"	"SIMPLE SCHIZOPHRENIA	IN REMISSION"
"295.1"	"DISORGANIZED TYPE SCHIZOPHRENIA"	"DISORGANIZED TYPE SCHIZOPHRENIA"
"295.10"	"DISORG SCHIZOPHRENIA UNSPEC COND"	"DISORGANIZED SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.11"	"DISORG SCHIZO SUBCHRONIC COND"	"DISORGANIZED SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.12"	"DISORG SCHIZOPHRENIA CHRONIC COND"	"DISORGANIZED SCHIZOPHRENIA CHRONIC CONDITION"
"295.13"	"DISORG SCHIZO SUBCHRNW/ACUT XACRBAT"	"DISORG SCHIZO SUBCHRONIC COND W/ACUTE EXACERBAT"
"295.14"	"DISORG SCHIZO CHRONW/ACUT EXACERBAT"	"DISORG SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.15"	"DISORG SCHIZOPHRENIA REMISSION"	"DISORGANIZED SCHIZOPHRENIA IN REMISSION"
"295.2"	"CATATONIC TYPE SCHIZOPHRENIA"	"CATATONIC TYPE SCHIZOPHRENIA"
"295.20"	"CATATONIC SCHIZOPHRENIA UNSPEC COND"	"CATATONIC SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.21"	"CATATONIC SCHIZO SUBCHRONIC COND"	"CATATONIC SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.22"	"CATATONIC SCHIZO CHRONIC COND"	"CATATONIC SCHIZOPHRENIA CHRONIC CONDITION"
"295.23"	"CATATON SCHIZO SUBCHRON W/AC EXCERB"	"CATATONIC SCHIZO SUBCHRON COND W/ACUT EXACERBAT"
"295.24"	"CATATONIC SCHIZO CHRNW/ACUT XACRBAT"	"CATATONIC SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.25"	"CATATONIC SCHIZOPHRENIA REMISSION"	"CATATONIC SCHIZOPHRENIA IN REMISSION"
"295.3"	"PARANOID TYPE SCHIZOPHRENIA"	"PARANOID TYPE SCHIZOPHRENIA"
"295.30"	"PARANOID SCHIZOPHRENIA UNSPEC COND"	"PARANOID SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.31"	"PARANOID SCHIZO SUBCHRONIC COND"	"PARANOID SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.32"	"PARANOID SCHIZOPHRENIA CHRONIC COND"	"PARANOID SCHIZOPHRENIA CHRONIC CONDITION"
"295.33"	"PARANOID SCHIZO SUBCHRNW/AC XACRBAT"	"PARANOID SCHIZO SUBCHRONIC COND W/ACUT EXACERBAT"
"295.34"	"PARANOID SCHIZO CHRNW/ACUT EXACRBAT"	"PARANOID SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.35"	"PARANOID SCHIZOPHRENIA IN REMISSION"	"PARANOID SCHIZOPHRENIA IN REMISSION"
"295.4"	"SCHIZOPHRENIFORM DISORDER"	"SCHIZOPHRENIFORM DISORDER"
"295.40"	"SCHIZOPHRENIFORM DISORDER UNSPEC"	"SCHIZOPHRENIFORM DISORDER UNSPECIFIED"
"295.41"	"SCHIZOPHRENIFORM DISORDER SUBCHRON"	"SCHIZOPHRENIFORM DISORDER SUBCHRONIC"
"295.42"	"SCHIZOPHRENIFORM DISORDER CHRONIC"	"SCHIZOPHRENIFORM DISORDER CHRONIC"
"295.43"	"SCHIZOPHRENIFORM SUBCHRN AC XACRBAT"	"SCHIZOPHRENIFORM D/O SUBCHRON W/ACUT EXACERBAT"
"295.44"	"SCHIZOPHRENIFORM CHRN AC XACRBAT"	"SCHIZOPHRENIFORM DISORDER CHRON W/ACUT EXACERBAT"
"295.45"	"SCHIZOPHRENIFORM DISORDER REMISSION"	"SCHIZOPHRENIFORM DISORDER IN REMISSION"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"295.5"	"LATENT SCHIZOPHRENIA"	"LATENT SCHIZOPHRENIA"
"295.50"	"LATENT SCHIZOPHRENIA UNSPEC COND"	"LATENT SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.51"	"LATENT SCHIZO SUBCHRONIC COND"	"LATENT SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.52"	"LATENT SCHIZOPHRENIA CHRONIC COND"	"LATENT SCHIZOPHRENIA CHRONIC CONDITION"
"295.53"	"LATENT SCHIZO SUBCHRNW/ACUT XACRBAT"	"LATENT SCHIZO SUBCHRONIC COND W/ACUTE EXACERBAT"
"295.54"	"LATENT SCHIZO CHRONW/ACUT EXACERBAT"	"LATENT SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.55"	"LATENT SCHIZOPHRENIA	"IN REMISSION"
"295.6"	"SCHIZOPHRENIC D/O RESIDUAL TYPE"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE"
"295.60"	"SCHIZOPHRENIC D/O RESIDUL TYPE UNS"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE UNSPEC"
"295.61"	"SCHIZO D/O RESIDUL TYPE SUBCHRN"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE SUBCHRONIC"
"295.62"	"SCHIZOPHRENIC D/O RESIDUL TYPE CHRN"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE CHRONIC"
"295.63"	"SCHIZO D/O RESIDL SBCHRN AC XACRBAT"	"SCHIZO D/O RESIDUL TYPE SUBCHRN W/ACUT XACRBAT"
"295.64"	"SCHIZO D/O RESIDUL CHRN AC XACRBAT"	"SCHIZO D/O RESIDUL TYPE CHRN W/ACUT XACRBAT"
"295.65"	"SCHIZO D/O RESIDUL TYPE REMISS"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE REMISSION"
"295.7"	"SCHIZOAFFECTIVE DISORDER"	"SCHIZOAFFECTIVE DISORDER"
"295.70"	"SCHIZOAFFECTIVE DISORDER UNSPEC"	"SCHIZOAFFECTIVE DISORDER UNSPECIFIED"
"295.71"	"SCHIZOAFFECTIVE DISORDER SUBCHRONIC"	"SCHIZOAFFECTIVE DISORDER SUBCHRONIC"
"295.72"	"SCHIZOAFFECTIVE DISORDER CHRONIC"	"SCHIZOAFFECTIVE DISORDER CHRONIC"
"295.73"	"SCHIZOAFFCT D/O SUBCHRN AC XACRBAT"	"SCHIZOAFFCT DISORDER SUBCHRONIC W/ACUT EXACERBAT"
"295.74"	"SCHIZOAFFCT D/O CHRN W/ACUT XACRBAT"	"SCHIZOAFFECT DISORDER CHRONIC W/ACUTE EXACERBAT"
"295.75"	"SCHIZOAFFECTIVE DISORDER REMISSION"	"SCHIZOAFFECTIVE DISORDER IN REMISSION"
"295.8"	"OTHER SPECIFIED TYPES SCHIZOPHRENIA"	"OTHER SPECIFIED TYPES OF SCHIZOPHRENIA"
"295.80"	"OTH SPEC TYPES SCHIZO UNSPEC COND"	"OTHER SPEC TYPES SCHIZOPHRENIA UNSPEC CONDITION"
"295.81"	"OTH SPEC TYPES SCHIZO SUBCHRON COND"	"OTHER SPEC TYPES SCHIZOPHRENIA SUBCHRONIC COND"
"295.82"	"OTH SPEC TYPES SCHIZO CHRONIC COND"	"OTHER SPEC TYPES SCHIZOPHRENIA CHRONIC CONDITION"
"295.83"	"OTH SPEC SCHZO SUBCHRON W/AC EXACRB"	"OTH SPEC TYPES SCHIZO SUBCHRONW/ACUT EXACERBAT"
"295.84"	"OTH TYPES SCHIZO CHRNW/ACUT XACRBAT"	"OTH SPEC TYPES SCHIZO CHRONW/ACUT EXACERBAT"
"295.85"	"OTH SPEC TYPES SCHIZO REMISSION"	"OTHER SPECIFIED TYPES OF SCHIZOPHRENIA REMISSION"
"295.9"	"UNSPECIFIED SCHIZOPHRENIA"	"UNSPECIFIED SCHIZOPHRENIA"
"295.90"	"UNSPEC SCHIZOPHRENIA UNSPEC COND"	"UNSPECIFIED SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.91"	"UNSPEC SCHIZO SUBCHRONIC COND"	"UNSPECIFIED SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.92"	"UNSPEC SCHIZOPHRENIA CHRONIC COND"	"UNSPECIFIED SCHIZOPHRENIA CHRONIC CONDITION"
"295.93"	"UNS SCHIZO SUBCHRONW/ACUT EXACERBAT"	"UNSPEC SCHIZO SUBCHRONIC COND W/ACUTE EXACERBAT"
"295.94"	"UNS SCHIZO CHRONW/ACUT EXACERBAT"	"UNSPEC SCHIZO CHRONIC COND W/ACUTE EXACERBAT"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"295.95"	"UNSPECIFIED SCHIZOPHRENIA REMISSION"	"UNSPECIFIED SCHIZOPHRENIA IN REMISSION"
"296"	"EPISODIC MOOD DISORDERS"	"EPISODIC MOOD DISORDERS"
"296.0"	"BIPLR I DISORDER SINGLE MANIC EPIS"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE"
"296.00"	"BIPLR I D/O SINGLE MANIC EPIS UNS"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE UNSPEC"
"296.01"	"BIPLR I D/O SINGLE MANIC EPIS MILD"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE MILD"
"296.02"	"BIPLR I D/O SINGLE MANIC EPIS MOD"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE MODERATE"
"296.03"	"BIPLR I D/O 1 MANIC EPIS NO PSYCHOT"	"BIPOLAR I D/O 1 MANIC EPIS SEV W/O PSYCHOT BHV"
"296.04"	"BIPLR I D/O 1 MANIC EPIS W/PSYCHOT"	"BIPOLAR I D/O 1 MANIC EPIS SEV W/PSYCHOT BHV"
"296.05"	"BIPLR I D/O 1 MNIC EPIS PART REMISS"	"BIPOLAR I D/O 1 MANIC EPIS PART/UNS REMISSION"
"296.06"	"BIPLR I D/O 1 MNIC EPIS FULL REMISS"	"BIPOLAR I D/O SINGLE MANIC EPIS FULL REMISSION"
"296.1"	"MANIC DISORDER	RECURRENT EPISODE"
"296.10"	"MANIC DISORDER RECUR EPIS UNSPEC"	"MANIC DISORDER RECURRENT EPISODE UNSPECIFIED"
"296.11"	"MANIC DISORDER RECURRENT EPIS MILD"	"MANIC DISORDER RECURRENT EPISODE MILD"
"296.12"	"MANIC DISORDER RECURRENT EPIS MOD"	"MANIC DISORDER RECURRENT EPISODE MODERATE"
"296.13"	"MANIC RECUR D/O EPIS SEVERE"	"MANIC D/O RECUR EPIS SEV W/O MENTION PSYCHOT BHV"
"296.14"	"RECUR MANIC-SEV W PSYCHO"	"MANIC D/O RECUR EPIS SEV SPEC AS W/PSYCHOT BHV"
"296.15"	"MNIC D/O RECUR EPIS PART/UNS REMISS"	"MANIC DISORDER RECUR EPIS PART/UNSPEC REMISSION"
"296.16"	"MANIC D/O RECUR EPIS FULL REMISSION"	"MANIC DISORDER RECURRENT EPISODE FULL REMISSION"
"296.2"	"MAJOR DPRSV DISORDER SINGLE EPISODE"	"MAJOR DEPRESSIVE DISORDER SINGLE EPISODE"
"296.20"	"MAJ DPRSV D/O SINGLE EPIS UNSPEC"	"MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNSPEC"
"296.21"	"MAJ DPRSV DISORDER SINGLE EPIS MILD"	"MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD"
"296.22"	"MAJ DPRSV DISORDER SINGLE EPIS MOD"	"MAJOR DPRSV DISORDER SINGLE EPISODE MODERATE"
"296.23"	"MAJ DEPRESS D/O 1 EPIS SEVERE"	"MAJ DPRSV D/O 1 EPIS SEV W/O MENTION PSYCHOT BHV"
"296.24"	"MAJ DEPRESS 1 EPIS SEVR W/PSYCHOT"	"MAJ DPRSV D/O 1 EPIS SEV SPEC AS W/PSYCHOT BHV"
"296.25"	"MAJ DEPRESS 1 EPIS PART/UNS REMIS"	"MAJ DPRSV D/O SINGLE EPIS PART/UNSPEC REMISSION"
"296.26"	"MAJ DPRSV D/O 1 EPIS FULL REMISSION"	"MAJOR DPRSV DISORDER SINGLE EPIS FULL REMISSION"
"296.3"	"MAJOR DPRSV DISORDER RECURRENT EPIS"	"MAJOR DEPRESSIVE DISORDER RECURRENT EPISODE"
"296.30"	"MAJ DPRSV D/O RECUR EPIS UNSPEC"	"MAJOR DPRSV DISORDER RECURRENT EPISODE UNSPEC"
"296.31"	"MAJ DPRSV DISORDER RECUR EPIS MILD"	"MAJOR DEPRESSIVE DISORDER RECURRENT EPISODE MILD"
"296.32"	"MAJOR DPRSV DISORDER RECUR EPIS MOD"	"MAJOR DPRSV DISORDER RECURRENT EPISODE MODERATE"
"296.33"	"MJR DEPRESS D/O RECUR EPIS-SEVERE"	"MAJ DPRSV D/O RECUR EPIS SEV W/O PSYCHOT BHV"
"296.34"	"MJR DEPRES D/O RECUR EPIS-PSYCHOTIC"	"MAJ DPRSV D/O RECUR EPIS SEV SPEC W/PSYCHOT BHV"
"296.35"	"MJR DEPRESS D/O RECUR EPIS-PART REM"	"MAJ DPRSV D/O RECUR EPIS PART/UNSPEC REMISSION"
"296.36"	"MJR DEPRESS D/O RECUR EPIS-FULL REM"	"MAJOR DPRSV DISORDER RECUR EPIS FULL REMISSION"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"296.4"	"BIPLR I D/O MOST RECENT EPIS MANIC"	"BIPOLAR I DISORDER MOST RECENT EPISODE MANIC"
"296.40"	"BIPLR I MOST RECENT EPIS MANIC UNS"	"BIPOLAR I DISORDER MOST RECENT EPIS MANIC UNSPEC"
"296.41"	"BIPLR I MOST RECENT EPIS MANIC MILD"	"BIPOLAR I DISORDER MOST RECENT EPIS MANIC MILD"
"296.42"	"BIPLR I MOST RECENT EPIS MANIC MOD"	"BIPOLAR I DISORDER MOST RECENT EPIS MANIC MOD"
"296.43"	"BP I MOST RECNT MNIC SEV NO PSYCHOT"	"BIPLR I MOST RECENT EPIS MNIC SEV NO PSYCHOT BHV"
"296.44"	"BP I MOST RECENT MNIC SEV W/PSYCHOT"	"BIPLR I MOST RECENT EPIS MNIC SEV W/PSYCHOT BHV"
"296.45"	"BIPLR I RECENT MNIC PART/UNS REMISS"	"BIPLR I D/O MOST RECENT EPIS MNIC PART/UNS REMIS"
"296.46"	"BIPLR I RECENT MANIC FULL REMISS"	"BIPLR I D/O MOST RECENT EPIS MNIC FULL REMISSION"
"296.5"	"BIPLR I D/O MOST RECENT EPIS DPRSD"	"BIPOLAR I DISORDER MOST RECENT EPISODE DEPRESSED"
"296.50"	"BIPLR I MOST RECENT EPIS DPRSD UNS"	"BIPOLAR I D/O MOST RECENT EPIS DEPRESSED UNS"
"296.51"	"BIPLR I MOST RECENT EPIS DPRSD MILD"	"BIPOLAR I D/O MOST RECENT EPIS DEPRESSED MILD"
"296.52"	"BIPLR I MOST RECENT EPIS DPRSD MOD"	"BIPOLAR I D/O MOST RECENT EPIS DEPRESSED MOD"
"296.53"	"BIPLR I RECENT DPRSD SEV NO PSYCHOT"	"BIPLR I MOST RECENT EPIS DPRS SEV NO PSYCHOT BHV"
"296.54"	"BIPLR I RECENT DPRSD SEV W/PSYCHOT"	"BIPLR I MOST RECENT EPIS DPRSD SEV W/PSYCHOT BHV"
"296.55"	"BIPLR I RECENT DPRSD PART/UNS REMIS"	"BIPLR I MOST RECENT EPIS DPRSD PART/UNS REMISS"
"296.56"	"BIPLR I RECENT DPRSD FULL REMISS"	"BIPLR I D/O MOST RECENT EPIS DPRSD FULL REMISS"
"296.6"	"BIPLR I D/O MOST RECENT EPIS MIX"	"BIPOLAR I DISORDER MOST RECENT EPISODE MIXED"
"296.60"	"BIPLR I MOST RECENT EPIS MIX UNS"	"BIPOLAR I DISORDER MOST RECENT EPIS MIXED UNSPEC"
"296.61"	"BIPLR I MOST RECENT EPIS MIX MILD"	"BIPOLAR I DISORDER MOST RECENT EPIS MIXED MILD"
"296.62"	"BIPLR I MOST RECENT EPIS MIX MOD"	"BIPOLAR I DISORDER MOST RECENT EPIS MIX MODERATE"
"296.63"	"BIPLR I RECENT MIX SEV W/O PSYCHOT"	"BIPLR I MOST RECENT EPIS MIX SEV W/O PSYCHOT BHV"
"296.64"	"BIPLR I RECENT MIX SEV W/PSYCHOT"	"BIPLR I MOST RECENT EPIS MIX SEV W/PSYCHOT BHV"
"296.65"	"BIPLR I RECENT MIX PART/UNS REMISS"	"BIPLR I D/O MOST RECENT EPIS MIX PART/UNS REMISS"
"296.66"	"BIPLR I RECENT EPIS MIX FULL REMISS"	"BIPLR I D/O MOST RECENT EPIS MIX FULL REMISSION"
"296.7"	"BIPLR I D/O MOST RECENT EPIS UNSPEC"	"BIPOLAR I DISORDER MOST RECENT EPISODE UNSPEC"
"296.8"	"OTHER&UNSPECIFIED BIPOLAR DISORDERS"	"OTHER AND UNSPECIFIED BIPOLAR DISORDERS"
"296.80"	"BIPOLAR DISORDER UNSPECIFIED"	"BIPOLAR DISORDER UNSPECIFIED"
"296.81"	"ATYPICAL MANIC DISORDER"	"ATYPICAL MANIC DISORDER"
"296.82"	"ATYPICAL DEPRESSIVE DISORDER"	"ATYPICAL DEPRESSIVE DISORDER"
"296.89"	"OTHER&UNSPECIFIED BIPOLAR DISORDERS"	"OTHER AND UNSPECIFIED BIPOLAR DISORDERS"
"296.9"	"OTHER&UNSPEC EPISODIC MOOD DISORDER"	"OTHER AND UNSPECIFIED EPISODIC MOOD DISORDER"
"296.90"	"UNSPECIFIED EPISODIC MOOD DISORDER"	"UNSPECIFIED EPISODIC MOOD DISORDER"
"296.99"	"OTHER SPEC EPISODIC MOOD DISORDER"	"OTHER SPECIFIED EPISODIC MOOD DISORDER"
"297"	"DELUSIONAL DISORDERS"	"DELUSIONAL DISORDERS"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"297.0"	"PARANOID STATE"	"SIMPLE"
"297.1"	"DELUSIONAL DISORDER"	"DELUSIONAL DISORDER"
"297.2"	"PARAPHRENIA"	"PARAPHRENIA"
"297.3"	"SHARED PSYCHOTIC DISORDER"	"SHARED PSYCHOTIC DISORDER"
"297.8"	"OTHER SPECIFIED PARANOID STATES"	"OTHER SPECIFIED PARANOID STATES"
"297.9"	"UNSPECIFIED PARANOID STATE"	"UNSPECIFIED PARANOID STATE"
"298"	"OTHER NONORGANIC PSYCHOSES"	"OTHER NONORGANIC PSYCHOSES"
"298.0"	"DEPRESSIVE TYPE PSYCHOSIS"	"DEPRESSIVE TYPE PSYCHOSIS"
"298.1"	"EXCITATIVE TYPE PSYCHOSIS"	"EXCITATIVE TYPE PSYCHOSIS"
"298.2"	"REACTIVE CONFUSION"	"REACTIVE CONFUSION"
"298.3"	"ACUTE PARANOID REACTION"	"ACUTE PARANOID REACTION"
"298.4"	"PSYCHOGENIC PARANOID PSYCHOSIS"	"PSYCHOGENIC PARANOID PSYCHOSIS"
"298.8"	"OTHER&UNSPEC REACTIVE PSYCHOSIS"	"OTHER AND UNSPECIFIED REACTIVE PSYCHOSIS"
"298.9"	"UNSPECIFIED PSYCHOSIS"	"UNSPECIFIED PSYCHOSIS"
"299"	"PERVASIVE DEVELOPMENTAL DISORDERS"	"PERVASIVE DEVELOPMENTAL DISORDERS"
"299.0"	"AUTISTIC DISORDER"	"AUTISTIC DISORDER"
"299.00"	"AUTISTIC DISORDER CURRNT/ACTV STATE"	"AUTISTIC DISORDER CURRENT OR ACTIVE STATE"
"299.01"	"AUTISTIC DISORDER RESIDUAL STATE"	"AUTISTIC DISORDER RESIDUAL STATE"
"299.1"	"CHILDHOOD DISINTEGRATIVE DISORDER"	"CHILDHOOD DISINTEGRATIVE DISORDER"
"299.10"	"CHLD DISINTGRATV D/O CURR/ACTV STATE"	"CHLD DISINTEGRATIVE DISORDER CURRENT/ACTV STATE"
"299.11"	"CHLD DISINTGRATV D/O RESIDUAL STATE"	"CHILDHOOD DISINTEGRATIVE DISORDER RESIDUAL STATE"
"299.8"	"OTH SPEC PERVASIVE DVLPMNTL D/O"	"OTHER SPEC PERVASIVE DEVELOPMENTAL DISORDERS"
"299.80"	"OTH PERVASIV DVLPMNTL D/O CURR/ACTV"	"OTH SPEC PERVASIVE DVLPMNTL D/O CURR/ACTV STATE"
"299.81"	"OTH PERVASIVE DVLPMNTL D/O RESIDUL"	"OTH SPEC PERVASIVE DVLPMNTL D/O RESIDUAL STATE"
"299.9"	"UNSPEC PERVASIVE DVLPMNTL DISORDER"	"UNSPECIFIED PERVASIVE DEVELOPMENTAL DISORDER"
"299.90"	"UNS PERVASIV DVLPMNTL D/O CURR/ACTV"	"UNSPEC PERVASIVE DVLPMNTL D/O CURRNT/ACTV STATE"
"299.91"	"UNS PERVASIVE DVLPMNTL D/O RESIDUL"	"UNSPEC PERVASIVE DVLPMNTL D/O RESIDUAL STATE"
"30"	"EXCISION OF LARYNX"	"EXCISION OF LARYNX"
"30.0"	"EXC/DESTRUC LESION/TISSUE LARYNX"	"EXCISION OR DESTRUCTION LESION OR TISSUE LARYNX"
"30.01"	"MARSUPIALIZATION OF LARYNGEAL CYST"	"MARSUPIALIZATION OF LARYNGEAL CYST"
"30.09"	"OTH EXC/DESTRUC LES/TISSUE LARYNX"	"OTHER EXCISION/DESTRUCTION LESION/TISSUE LARYNX"
"30.1"	"HEMILARYNGECTOMY"	"HEMILARYNGECTOMY"
"30.2"	"OTHER PARTIAL LARYNGECTOMY"	"OTHER PARTIAL LARYNGECTOMY"
"30.21"	"EPIGLOTTIDECTOMY"	"EPIGLOTTIDECTOMY"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"30.22"	"VOCAL CORDECTOMY"	"VOCAL CORDECTOMY"
"30.29"	"OTHER PARTIAL LARYNGECTOMY"	"OTHER PARTIAL LARYNGECTOMY"
"30.3"	"COMPLETE LARYNGECTOMY"	"COMPLETE LARYNGECTOMY"
"30.4"	"RADICAL LARYNGECTOMY"	"RADICAL LARYNGECTOMY"
"300"	"ANXIETY DISSOCIATIVE&SOMATOFORM D/O"	"ANXIETY DISSOCIATIVE AND SOMATOFORM DISORDERS"
"300.0"	"ANXIETY STATES"	"ANXIETY STATES"
"300.00"	"ANXIETY STATE"	UNSPECIFIED"
"300.01"	"PANIC DISORDER WITHOUT AGORAPHOBIA"	"PANIC DISORDER WITHOUT AGORAPHOBIA"
"300.02"	"GENERALIZED ANXIETY DISORDER"	"GENERALIZED ANXIETY DISORDER"
"300.09"	"OTHER ANXIETY STATES"	"OTHER ANXIETY STATES"
"300.1"	"DISSOCIATIV CONVRSION&FACTITIOUS D/O"	"DISSOCIATIVE CONVERSION AND FACTITIOUS DISORDERS"
"300.10"	"HYSTERIA"	UNSPECIFIED"
"300.11"	"CONVERSION DISORDER"	"CONVERSION DISORDER"
"300.12"	"DISSOCIATIVE AMNESIA"	"DISSOCIATIVE AMNESIA"
"300.13"	"DISSOCIATIVE FUGUE"	"DISSOCIATIVE FUGUE"
"300.14"	"DISSOCIATIVE IDENTITY DISORDER"	"DISSOCIATIVE IDENTITY DISORDER"
"300.15"	"DISSOCIATIVE DISORDER/REACT UNSPEC"	"DISSOCIATIVE DISORDER OR REACTION UNSPECIFIED"
"300.16"	"FACTITIOUS D/O PREDOM PSYCH SIGN&SX"	"FACTITIOUS D/O W/PREDOM PSYCHOLOGICAL SIGNS&SX"
"300.19"	"OTHER&UNSPEC FACTITIOUS ILLNESS"	"OTHER AND UNSPECIFIED FACTITIOUS ILLNESS"
"300.2"	"PHOBIC DISORDERS"	"PHOBIC DISORDERS"
"300.20"	"PHOBIA"	UNSPECIFIED"
"300.21"	"AGORAPHOBIA WITH PANIC DISORDER"	"AGORAPHOBIA WITH PANIC DISORDER"
"300.22"	"AGORAPHOBIA W/O PANIC ATTACKS"	"AGORAPHOBIA WITHOUT MENTION OF PANIC ATTACKS"
"300.23"	"SOCIAL PHOBIA"	"SOCIAL PHOBIA"
"300.29"	"OTHER ISOLATED OR SPECIFIC PHOBIAS"	"OTHER ISOLATED OR SPECIFIC PHOBIAS"
"300.3"	"OBSESSIVE-COMPULSIVE DISORDERS"	"OBSESSIVE-COMPULSIVE DISORDERS"
"300.4"	"DYSTHYMIC DISORDER"	"DYSTHYMIC DISORDER"
"300.5"	"NEURASTHENIA"	"NEURASTHENIA"
"300.6"	"DEPERSONALIZATION DISORDER"	"DEPERSONALIZATION DISORDER"
"300.7"	"HYPOCHONDRIASIS"	"HYPOCHONDRIASIS"
"300.8"	"SOMATOFORM DISORDERS"	"SOMATOFORM DISORDERS"
"300.81"	"SOMATIZATION DISORDER"	"SOMATIZATION DISORDER"
"300.82"	"UNDIFFERENTIATED SOMATOFORM D/O"	"UNDIFFERENTIATED SOMATOFORM DISORDER"
"300.89"	"OTHER SOMATOFORM DISORDERS"	"OTHER SOMATOFORM DISORDERS"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"300.9"	"UNSPEC NONPSYCHOTIC MENTAL DISORDER"	"UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER"
"301"	"PERSONALITY DISORDERS"	"PERSONALITY DISORDERS"
"301.0"	"PARANOID PERSONALITY DISORDER"	"PARANOID PERSONALITY DISORDER"
"301.1"	"AFFECTIVE PERSONALITY DISORDER"	"AFFECTIVE PERSONALITY DISORDER"
"301.10"	"AFFECT PERSONALITY DISORDER UNSPEC"	"AFFECTIVE PERSONALITY DISORDER UNSPECIFIED"
"301.11"	"CHRONIC HYPOMANIC PERSITY DISORDER"	"CHRONIC HYPOMANIC PERSONALITY DISORDER"
"301.12"	"CHRONIC DPRSV PERSONALITY DISORDER"	"CHRONIC DEPRESSIVE PERSONALITY DISORDER"
"301.13"	"CYCLOTHYMIC DISORDER"	"CYCLOTHYMIC DISORDER"
"301.2"	"SCHIZOID PERSONALITY DISORDER"	"SCHIZOID PERSONALITY DISORDER"
"301.20"	"SCHIZOID PERSITY DISORDER UNSPEC"	"SCHIZOID PERSONALITY DISORDER UNSPECIFIED"
"301.21"	"INTROVERTED PERSONALITY"	"INTROVERTED PERSONALITY"
"301.22"	"SCHIZOTYPAL PERSONALITY DISORDER"	"SCHIZOTYPAL PERSONALITY DISORDER"
"301.3"	"EXPLOSIVE PERSONALITY DISORDER"	"EXPLOSIVE PERSONALITY DISORDER"
"301.4"	"OBSESSIVE-COMPULSIVE PERSITY D/O"	"OBSESSIVE-COMPULSIVE PERSONALITY DISORDER"
"301.5"	"HISTRIONIC PERSONALITY DISORDER"	"HISTRIONIC PERSONALITY DISORDER"
"301.50"	"HISTRIONIC PERSITY DISORDER UNSPEC"	"HISTRIONIC PERSONALITY DISORDER UNSPECIFIED"
"301.51"	"CHRON FACTITIOUS ILLNESS W/PHYS SX"	"CHRONIC FACTITIOUS ILLNESS W/PHYSICAL SYMPTOMS"
"301.59"	"OTH HISTRIONIC PERSONALITY DISORDER"	"OTHER HISTRIONIC PERSONALITY DISORDER"
"301.6"	"DEPENDENT PERSONALITY DISORDER"	"DEPENDENT PERSONALITY DISORDER"
"301.7"	"ANTISOCIAL PERSONALITY DISORDER"	"ANTISOCIAL PERSONALITY DISORDER"
"301.8"	"OTHER PERSONALITY DISORDERS"	"OTHER PERSONALITY DISORDERS"
"301.81"	"NARCISSISTIC PERSONALITY DISORDER"	"NARCISSISTIC PERSONALITY DISORDER"
"301.82"	"AVOIDANT PERSONALITY DISORDER"	"AVOIDANT PERSONALITY DISORDER"
"301.83"	"BORDERLINE PERSONALITY DISORDER"	"BORDERLINE PERSONALITY DISORDER"
"301.84"	"PASSIVE-AGGRESSIVE PERSONALITY"	"PASSIVE-AGGRESSIVE PERSONALITY"
"301.89"	"OTHER PERSONALITY DISORDER"	"OTHER PERSONALITY DISORDER"
"301.9"	"UNSPECIFIED PERSONALITY DISORDER"	"UNSPECIFIED PERSONALITY DISORDER"
"302"	"SEXUAL & GENDER IDENTITY DISORDERS"	"SEXUAL AND GENDER IDENTITY DISORDERS"
"302.0"	"EGO-DYSTONIC SEXUAL ORIENTATION"	"EGO-DYSTONIC SEXUAL ORIENTATION"
"302.1"	"ZOOPHILIA"	"ZOOPHILIA"
"302.2"	"PEDOPHILIA"	"PEDOPHILIA"
"302.3"	"TRANVESTIC FETISHISM"	"TRANVESTIC FETISHISM"
"302.4"	"EXHIBITIONISM"	"EXHIBITIONISM"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"302.50"	"TRANS-SEXUALISM WITH UNS SEXL HX"	"TRANS-SEXUALISM WITH UNSPECIFIED SEXUAL HISTORY"
"302.51"	"TRANS-SEXUALISM W/ASEXUAL HISTORY"	"TRANS-SEXUALISM WITH ASEXUAL HISTORY"
"302.52"	"TRANS-SEXUALISM W/HOMOSEXUAL HX"	"TRANS-SEXUALISM WITH HOMOSEXUAL HISTORY"
"302.53"	"TRANS-SEXUALISM W/HETEROSEXUAL HX"	"TRANS-SEXUALISM WITH HETEROSEXUAL HISTORY"
"302.6"	"GENDER IDENTITY DISORDER CHILDREN"	"GENDER IDENTITY DISORDER IN CHILDREN"
"302.7"	"PSYCHOSEXUAL DYSFUNCTION"	"PSYCHOSEXUAL DYSFUNCTION"
"302.70"	"PSYCHOSEXUAL DYSFUNCTION UNSPEC"	"PSYCHOSEXUAL DYSFUNCTION UNSPECIFIED"
"302.71"	"HYPOACTIVE SEXUAL DESIRE DISORDER"	"HYPOACTIVE SEXUAL DESIRE DISORDER"
"302.72"	"PSYCHOSEX DYSF W/INHIBSEXLCITMNT"	"PSYCHOSEXUAL DYSF W/INHIBITED SEXUAL EXCITEMENT"
"302.73"	"FEMALE ORGASMIC DISORDER"	"FEMALE ORGASMIC DISORDER"
"302.74"	"MALE ORGASMIC DISORDER"	"MALE ORGASMIC DISORDER"
"302.75"	"PREMATURE EJACULATION"	"PREMATURE EJACULATION"
"302.76"	"DYSPAREUNIA PSYCHOGENIC"	"DYSPAREUNIA PSYCHOGENIC"
"302.79"	"PSYCHOSEX DYSF W/OTH PSYCHOSEX DYSF"	"PSYCHOSEXUAL DYSF W/OTH SPEC PSYCHOSEXUAL DYSFS"
"302.8"	"OTHER SPEC PSYCHOSEXUAL DISORDERS"	"OTHER SPECIFIED PSYCHOSEXUAL DISORDERS"
"302.81"	"FETISHISM"	"FETISHISM"
"302.82"	"VOYEURISM"	"VOYEURISM"
"302.83"	"SEXUAL MASOCHISM"	"SEXUAL MASOCHISM"
"302.84"	"SEXUAL SADISM"	"SEXUAL SADISM"
"302.85"	"GENDER IDENTITY D/O ADOLESC/ADLTS"	"GENDER IDENTITY DISORDER ADOLESCENTS OR ADULTS"
"302.89"	"OTHER SPEC PSYCHOSEXUAL DISORDER"	"OTHER SPECIFIED PSYCHOSEXUAL DISORDER"
"302.9"	"UNSPECIFIED PSYCHOSEXUAL DISORDER"	"UNSPECIFIED PSYCHOSEXUAL DISORDER"
"303"	"ALCOHOL DEPENDENCE SYNDROME"	"ALCOHOL DEPENDENCE SYNDROME"
"303.0"	"ACUTE ALCOHOLIC INTOXICATION"	"ACUTE ALCOHOLIC INTOXICATION"
"303.00"	"ACUT ALCOHLIC INTOXICATION UNS"	"ACUTE ALCOHOLIC INTOXICATION UNSPEC DRUNKENNESS"
"303.01"	"ACUT ALCOHLIC INTOXICATION CONT"	"ACUTE ALCOHOLIC INTOXICATION CONT DRUNKENNESS"
"303.02"	"AC ALCOHLIC INTOXICATION EPISODIC"	"ACUT ALCOHOLIC INTOXICATION EPISODIC DRUNKENNESS"
"303.03"	"ACUT ALCOHLIC INTOXICATION REMISS"	"ACUTE ALCOHOLIC INTOXICATION IN REMISSION"
"303.9"	"OTHER&UNSPEC ALCOHOL DEPENDENCE"	"OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE"
"303.90"	"OTH&UNS ALCOHL DPND UNS DRUNKENNESS"	"OTH&UNSPEC ALCOHOL DEPENDENCE UNSPEC DRUNKENNESS"
"303.91"	"OTH&UNS ALCOHL DPND CONT"	"OTHER&UNSPEC ALCOHOL DEPENDENCE CONT DRUNKENNESS"
"303.92"	"OTH&UNS ALCOHL DPND EPISODIC"	"OTH&UNSPEC ALCOHOL DEPEND EPISODIC DRUNKENNESS"
"303.93"	"OTH&UNSPEC ALCOHOL DEPEND REMISSION"	"OTHER&UNSPECIFIED ALCOHOL DEPENDENCE REMISSION"
"304"	"DRUG DEPENDENCE"	"DRUG DEPENDENCE"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"304.0"	"OPIOID TYPE DEPENDENCE"	"OPIOID TYPE DEPENDENCE"
"304.00"	"OPIOID TYPE DEPENDENCE UNSPEC ABUSE"	"OPIOID TYPE DEPENDENCE UNSPECIFIED ABUSE"
"304.01"	"OPIOID TYPE DEPENDENCE CONT ABUSE"	"OPIOID TYPE DEPENDENCE CONTINUOUS ABUSE"
"304.02"	"OPIOID TYPE DEPENDENCE EPISODIC ABS"	"OPIOID TYPE DEPENDENCE EPISODIC ABUSE"
"304.03"	"OPIOID TYPE DEPENDENCE IN REMISSION"	"OPIOID TYPE DEPENDENCE IN REMISSION"
"304.1"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND"	"SEDATIVE HYPNOTIC OR ANXIOLYTIC DEPENDENCE"
"304.10"	"SEDAT HYPNOT/ANXIOLYTIC DEPEND UNS"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE UNSPEC"
"304.11"	"SEDAT HYPNOT/ANXIOLYTIC DEPEND CONT"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE CONT"
"304.12"	"SEDAT HYPNOT/ANXIOLYTIC DPND EPISODC"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE EPISODIC"
"304.13"	"SEDAT HYPNOT/ANXIOLYTIC DPND REMISS"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND REMISSION"
"304.2"	"COCAINE DEPENDENCE"	"COCAINE DEPENDENCE"
"304.20"	"COCAINE DEPENDENCE UNSPEC ABUSE"	"COCAINE DEPENDENCE UNSPECIFIED ABUSE"
"304.21"	"COCAINE DEPENDENCE CONTINUOUS ABUSE"	"COCAINE DEPENDENCE CONTINUOUS ABUSE"
"304.22"	"COCAINE DEPENDENCE"	EPISODIC ABUSE"
"304.23"	"COCAINE DEPENDENCE"	IN REMISSION"
"304.3"	"CANNABIS DEPENDENCE"	"CANNABIS DEPENDENCE"
"304.30"	"CANNABIS DEPENDENCE UNSPEC ABUSE"	"CANNABIS DEPENDENCE UNSPECIFIED ABUSE"
"304.31"	"CANNABIS DEPENDENCE CONT ABUSE"	"CANNABIS DEPENDENCE CONTINUOUS ABUSE"
"304.32"	"CANNABIS DEPENDENCE"	EPISODIC ABUSE"
"304.33"	"CANNABIS DEPENDENCE"	IN REMISSION"
"304.4"	"AMPHET&OTH PSYCHOSTIMULANT DEPEND"	"AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE"
"304.40"	"AMPHET&OTH PSYCHOSTIM DPND UNS ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE UNSPEC ABS"
"304.41"	"AMPHET&OTH PSYCHOSTIM DPND CONT ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE CONT ABS"
"304.42"	"AMPHET&OTH PSYCHOSTIM DPND EPIS ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPEND EPISODIC ABS"
"304.43"	"AMPHET&OTH PSYCHOSTIM DPND REMISS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE REMISSION"
"304.5"	"HALLUCINOGEN DEPENDENCE"	"HALLUCINOGEN DEPENDENCE"
"304.50"	"HALLUCINOGEN DEPENDENCE UNSPEC ABS"	"HALLUCINOGEN DEPENDENCE UNSPECIFIED ABUSE"
"304.51"	"HALLUCINOGEN DEPENDENCE CONT ABUSE"	"HALLUCINOGEN DEPENDENCE CONTINUOUS ABUSE"
"304.52"	"HALLUCINOGEN DEPEND EPISODIC ABS"	"HALLUCINOGEN DEPENDENCE EPISODIC ABUSE"
"304.53"	"HALLUCINOGEN DEPENDENCE REMISSION"	"HALLUCINOGEN DEPENDENCE IN REMISSION"
"304.6"	"OTHER SPECIFIED DRUG DEPENDENCE"	"OTHER SPECIFIED DRUG DEPENDENCE"
"304.60"	"OTH SPEC DRUG DEPENDENCE UNSPEC ABS"	"OTHER SPEC DRUG DEPENDENCE UNSPEC ABUSE"
"304.61"	"OTH SPEC DRUG DEPENDENCE CONT ABUSE"	"OTHER SPECIFIED DRUG DEPENDENCE CONTINUOUS ABUSE"
"304.62"	"OTH SPEC DRUG DEPEND EPISODIC ABS"	"OTHER SPECIFIED DRUG DEPENDENCE EPISODIC ABUSE"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"304.63"	"OTH SPEC DRUG DEPENDENCE REMISSION"	"OTHER SPECIFIED DRUG DEPENDENCE IN REMISSION"
"304.7"	"COMB OPIOID RX W/ANY OTH RX DEPEND"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPENDENCE"
"304.70"	"OPIOID/OTHER DEP-UNSPEC"	"COMB OPIOID RX W/ANY OTH RX DEPEND UNSPEC ABS"
"304.71"	"OPIOID/OTHER DEP-CONTIN"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPEND CONT ABS"
"304.72"	"OPIOID/OTHER DEP-EPISOD"	"COMB OPIOID RX W/ANY OTH RX DEPEND EPISODIC ABS"
"304.73"	"OPIOID/OTHER DEP-REMISS"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPEND REMISSION"
"304.8"	"COMB DRUG DEPEND EXCLD OPIOID DRUG"	"COMB DRUG DEPENDENCE EXCLUDING OPIOID DRUG"
"304.80"	"COMBOS DRUG DEPEND UNS ABUSE"	"COMB DRUG DEPEND EXCLD OPIOID DRUG UNSPEC ABS"
"304.81"	"COMBOS DRUG DEPEND CONT ABUSE"	"COMB DRUG DEPEND EXCLUDING OPIOID DRUG CONT ABS"
"304.82"	"COMB DRUG DEPEND EPISOD ABUSE"	"COMB DRUG DEPEND EXCLD OPIOID DRUG EPISODIC ABS"
"304.83"	"COMB RX DPND EXCLD OPIOID RX REMISS"	"COMB DRUG DEPEND EXCLUDING OPIOID DRUG REMISSION"
"304.9"	"UNSPECIFIED DRUG DEPENDENCE"	"UNSPECIFIED DRUG DEPENDENCE"
"304.90"	"UNSPEC DRUG DEPENDENCE UNSPEC ABUSE"	"UNSPECIFIED DRUG DEPENDENCE UNSPECIFIED ABUSE"
"304.91"	"UNSPEC DRUG DEPENDENCE CONT ABUSE"	"UNSPECIFIED DRUG DEPENDENCE CONTINUOUS ABUSE"
"304.92"	"UNSPEC DRUG DEPENDENCE EPISODIC ABS"	"UNSPECIFIED DRUG DEPENDENCE EPISODIC ABUSE"
"304.93"	"UNSPEC DRUG DEPENDENCE REMISSION"	"UNSPECIFIED DRUG DEPENDENCE IN REMISSION"
"305"	"NONDEPENDENT ABUSE OF DRUGS"	"NONDEPENDENT ABUSE OF DRUGS"
"305.0"	"NONDEPENDENT ALCOHOL ABUSE"	"NONDEPENDENT ALCOHOL ABUSE"
"305.00"	"NONDPND ALCOHL ABS UNS DRUNKENNESS"	"NONDEPENDENT ALCOHOL ABUSE UNSPEC DRUNKENNESS"
"305.01"	"NONDPND ALCOHL ABS CONT DRUNKENNESS"	"NONDEPENDENT ALCOHOL ABUSE CONT DRUNKENNESS"
"305.02"	"NONDPND ALCOHL ABS EPISODIC"	"NONDEPENDENT ALCOHOL ABUSE EPISODIC DRUNKENNESS"
"305.03"	"NONDEPENDENT ALCOHOL ABS REMISSION"	"NONDEPENDENT ALCOHOL ABUSE IN REMISSION"
"305.1"	"NONDEPENDENT TOBACCO USE DISORDER"	"NONDEPENDENT TOBACCO USE DISORDER"
"305.2"	"NONDEPENDENT CANNABIS ABUSE"	"NONDEPENDENT CANNABIS ABUSE"
"305.20"	"NONDEPENDENT CANNABIS ABUSE UNSPEC"	"NONDEPENDENT CANNABIS ABUSE UNSPECIFIED"
"305.21"	"NONDEPENDENT CANNABIS ABUSE CONT"	"NONDEPENDENT CANNABIS ABUSE CONTINUOUS"
"305.22"	"NONDEPENDENT CANNABIS ABS EPISODIC"	"NONDEPENDENT CANNABIS ABUSE EPISODIC"
"305.23"	"NONDEPENDENT CANNABIS ABS REMISSION"	"NONDEPENDENT CANNABIS ABUSE IN REMISSION"
"305.3"	"NONDEPENDENT HALLUCINOGEN ABUSE"	"NONDEPENDENT HALLUCINOGEN ABUSE"
"305.30"	"NONDEPEND HALLUCINOGEN ABS UNSPEC"	"NONDEPENDENT HALLUCINOGEN ABUSE UNSPECIFIED"
"305.31"	"NONDEPENDENT HALLUCINOGEN ABS CONT"	"NONDEPENDENT HALLUCINOGEN ABUSE CONTINUOUS"
"305.32"	"NONDEPEND HALLUCINOGEN ABS EPISODIC"	"NONDEPENDENT HALLUCINOGEN ABUSE EPISODIC"
"305.33"	"NONDPND HALLUCINOGEN ABS REMISSION"	"NONDEPENDENT HALLUCINOGEN ABUSE IN REMISSION"
"305.4"	"NONDPND SEDAT HYPNOT/ANXIOLYTIC ABS"	"NONDEPENDENT SEDATIVE HYPNOTIC/ANXIOLYTIC ABUSE"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"305.40"	"NONDEPEND SEDAT HYPNOTIC ABS UNS"	"NONDEPEND SEDATIVE HYPNOT/ANXIOLYTIC ABS UNSPEC"
"305.41"	"NONDEPEND SEDAT HYPNOTIC ABS CONT"	"NONDEPEND SEDATIVE HYPNOTIC/ANXIOLYTIC ABS CONT"
"305.42"	"NONDPND SEDAT HYPNOTIC ABS EPISODIC"	"NONDEPEND SEDAT HYPNOT/ANXIOLYTIC ABS EPISODIC"
"305.43"	"NONDEPEND SEDAT HYPNOTIC ABS REMISS"	"NONDEPEND SEDAT HYPNOT/ANXIOLYTIC ABS REMISSION"
"305.5"	"NONDEPENDENT OPIOID ABUSE"	"NONDEPENDENT OPIOID ABUSE"
"305.50"	"NONDEPENDENT OPIOID ABUSE UNSPEC"	"NONDEPENDENT OPIOID ABUSE UNSPECIFIED"
"305.51"	"NONDEPENDENT OPIOID ABUSE CONT"	"NONDEPENDENT OPIOID ABUSE CONTINUOUS"
"305.52"	"NONDEPENDENT OPIOID ABUSE"	EPISODIC"
"305.53"	"NONDEPENDENT OPIOID ABUSE REMISSION"	"NONDEPENDENT OPIOID ABUSE IN REMISSION"
"305.6"	"NONDEPENDENT COCAINE ABUSE"	"NONDEPENDENT COCAINE ABUSE"
"305.60"	"NONDEPENDENT COCAINE ABUSE UNSPEC"	"NONDEPENDENT COCAINE ABUSE UNSPECIFIED"
"305.61"	"NONDEPENDENT COCAINE ABUSE CONT"	"NONDEPENDENT COCAINE ABUSE CONTINUOUS"
"305.62"	"NONDEPENDENT COCAINE ABUSE EPISODIC"	"NONDEPENDENT COCAINE ABUSE EPISODIC"
"305.63"	"NONDEPENDENT COCAINE ABS REMISSION"	"NONDEPENDENT COCAINE ABUSE IN REMISSION"
"305.7"	"NONDPND AMPHET/REL ACT SYMPHTOM ABS"	"NONDEPEND AMPHET/REL ACTING SYMPATHOMIMET ABS"
"305.70"	"AMPHETAMINE/RELATED DRUG ABUSE-UNS"	"NONDEPEND AMPHET/REL ACT SYMPATHOMIMET ABS UNS"
"305.71"	"AMPHETAMINE/RELATED RX ABUSE-CONTIN"	"NONDEPEND AMPHET/REL ACT SYMPATHOMIMET ABS CONT"
"305.72"	"AMPHETAMINE/RELATED DRUG ABUSE-EPIS"	"AMPHETAMINE/RELATED DRUG ABUSE-EPISODIC"
"305.73"	"AMPHETAMINE/RELATED DRUG ABS-REMISS"	"NONDPND AMPHET/REL ACT SYMPATHOMIMET ABS REMISS"
"305.8"	"NONDEPEND ANTIDEPRESSANT TYPE ABS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE"
"305.80"	"NONDEPEND ANTIDEPTSSNT TYPE ABS UNS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE UNSPEC"
"305.81"	"NONDPND ANTIDEPTSSNT TYPE ABS CONT"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE CONT"
"305.82"	"NONDEPEND ANTIDEPRESS TYPE ABS EPIS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE EPISODIC"
"305.83"	"NONDPND ANTIDEPRESS TYPE ABS REMISS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE REMISSION"
"305.9"	"OTH MIXED/UNSPEC NONDEPEND DRUG ABS"	"OTHER MIXED/UNSPECIFIED NONDEPENDENT DRUG ABUSE"
"305.90"	"OTH MIX/UNS NONDEPEND RX ABS UNS"	"OTH MIXED/UNSPEC NONDEPENDENT DRUG ABUSE UNSPEC"
"305.91"	"OTH MIX/UNS NONDEPEND RX ABS CONT"	"OTHER MIXED/UNSPEC NONDEPENDENT DRUG ABUSE CONT"
"305.92"	"OTH MIX/UNS NONDPND RX ABS EPISODIC"	"OTH MIXED/UNSPEC NONDEPENDENT DRUG ABS EPISODIC"
"305.93"	"OTH MIX/UNS NONDPND RX ABS REMISS"	"OTH MIXED/UNSPEC NONDEPENDENT DRUG ABS REMISSION"
"306"	"PHYSIOLOG MALFUNCT ARISE MENTL FCT"	"PHYSIOLOGICAL MALFUNCTION ARISE FROM MENTAL FCT"
"306.0"	"MUSCULOSKEL MALFNCT ARISE MENTL FCT"	"MUSCULOSKEL MALFUNCTION ARISE FROM MENTAL FCT"
"306.1"	"RESP MALFUNCT ARISE FROM MENTL FCT"	"RESPIRATORY MALFUNCTION ARISE FROM MENTAL FCT"
"306.2"	"CV MALFUNCTION ARISE FROM MENTL FCT"	"CV MALFUNCTION ARISE FROM MENTAL FACTORS"
"306.3"	"SKIN MALFUNCT ARISE FROM MENTL FCT"	"SKIN MALFUNCTION ARISING FROM MENTAL FACTORS"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"306.4"	"GI MALFUNCTION ARISE FROM MENTL FCT"	"GI MALFUNCTION ARISE FROM MENTAL FCT"
"306.5"	"GU MALFUNC ARISE FROM MENTAL FCT"	"GENITOURINARY MALFUNCTIONS ARISE FROM MENTAL FCT"
"306.50"	"PSYCHOGENIC GU MALFUNCTION UNSPEC"	"PSYCHOGENIC GENITOURINARY MALFUNCTION UNSPEC"
"306.51"	"PSYCHOGENIC VAGINISMUS"	"PSYCHOGENIC VAGINISMUS"
"306.52"	"PSYCHOGENIC DYSMENORRHEA"	"PSYCHOGENIC DYSMENORRHEA"
"306.53"	"PSYCHOGENIC DYSURIA"	"PSYCHOGENIC DYSURIA"
"306.59"	"OTH GU MALFUNCT ARISE MENTL FCT"	"OTH GU MALFUNCTION ARISE FROM MENTAL FCT"
"306.6"	"ENDOCRN MALFUNCT ARISE MENTL FCT"	"ENDOCRINE MALFUNCTION ARISE FROM MENTAL FACTORS"
"306.7"	"MALFUNCT ORGN SPCL SENSE-MENTL FCTS"	"MALFUNCTION ORGN SPCL SENSE ARISE FROM MENTL FCT"
"306.8"	"OTH SPEC PSYCHOPHYSIOLOG MALFUNCT"	"OTHER SPECIFIED PSYCHOPHYSIOLOGICAL MALFUNCTION"
"306.9"	"UNSPEC PSYCHOPHYSIOLOG MALFUNCTION"	"UNSPECIFIED PSYCHOPHYSIOLOGICAL MALFUNCTION"
"307"	"SPECIAL SYMPTOMS OR SYNDROMES NEC"	"SPECIAL SYMPTOMS OR SYNDROMES NEC"
"307.0"	"STUTTERING"	"STUTTERING"
"307.1"	"ANOREXIA NERVOSA"	"ANOREXIA NERVOSA"
"307.2"	"TICS"	"TICS"
"307.20"	"TIC DISORDER"	UNSPECIFIED"
"307.21"	"TRANSIENT TIC DISORDER"	"TRANSIENT TIC DISORDER"
"307.22"	"CHRONIC MOTOR OR VOCAL TIC DISORDER"	"CHRONIC MOTOR OR VOCAL TIC DISORDER"
"307.23"	"TOURETTE'S DISORDER"	"TOURETTE'S DISORDER"
"307.3"	"STEREOTYPIC MOVEMENT DISORDER"	"STEREOTYPIC MOVEMENT DISORDER"
"307.4"	"SPECIFIC D/O SLEEP NONORGNIC ORIGIN"	"SPECIFIC DISORDERS OF SLEEP OF NONORGANIC ORIGIN"
"307.40"	"NONORGANIC SLEEP DISORDER UNSPEC"	"NONORGANIC SLEEP DISORDER UNSPECIFIED"
"307.41"	"TRANSIENT D/O INIT/MNTAINING SLEEP"	"TRANSIENT DISORDER INITIATING/MAINTAINING SLEEP"
"307.42"	"PERSISTNT D/O INIT/MNTAINING SLEEP"	"PERSISTENT DISORDER INITIATING/MAINTAINING SLEEP"
"307.43"	"TRANSIENT HYPERSOMNIA"	"TRANSIENT DISORDER INIT/MAINTAINING WAKEFULNESS"
"307.44"	"PERSISTENT HYPERSOMNIA"	"PERSISTENT DISORDER INIT/MAINTAINING WAKEFULNESS"
"307.45"	"CIRCADIAN RHYTHM SLEEP DISORDER"	"CIRCADIAN RHYTHM SLEEP DISORDER"
"307.46"	"SLEEP AROUSAL DISORDER"	"SLEEP AROUSAL DISORDER"
"307.47"	"OTH DYSFUNC SLEEP STAG/AROUSL-SLEEP"	"OTH DYSFUNCTIONS SLEEP STAGES/AROUSAL FROM SLEEP"
"307.48"	"REPETITIVE INTRUSIONS OF SLEEP"	"REPETITIVE INTRUSIONS OF SLEEP"
"307.49"	"OTH SPEC D/O SLEEP NONORGNIC ORIGIN"	"OTHER SPECIFIC DISORDER SLEEP NONORGANIC ORIGIN"
"307.5"	"OTHER&UNSPECIFIED DISORDERS EATING"	"OTHER AND UNSPECIFIED DISORDERS OF EATING"
"307.50"	"EATING DISORDER"	UNSPECIFIED"
"307.51"	"BULIMIA NERVOSA"	"BULIMIA NERVOSA"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"307.52"	"PICA"	"PICA"
"307.53"	"RUMINATION DISORDER"	"RUMINATION DISORDER"
"307.54"	"PSYCHOGENIC VOMITING"	"PSYCHOGENIC VOMITING"
"307.59"	"OTHER DISORDER OF EATING"	"OTHER DISORDER OF EATING"
"307.6"	"ENURESIS"	"ENURESIS"
"307.7"	"ENCOPRESIS"	"ENCOPRESIS"
"307.8"	"PAIN D/O RELATED PSYCHOLOGICAL FACT"	"PAIN DISORDERS RELATED TO PSYCHOLOGICAL FACTORS"
"307.80"	"PSYCHOGENIC PAIN"	"SITE UNSPECIFIED"
"307.81"	"TENSION HEADACHE"	"TENSION HEADACHE"
"307.89"	"OTH PAIN D/O REL PSYCHOLOGICAL FACT"	"OTH PAIN DISORDER RELATED PSYCHOLOGICAL FACTORS"
"307.9"	"OTH&UNSPEC SPECIAL SYMPTOM/SYND NEC"	"OTHER&UNSPECIFIED SPECIAL SYMPTOM/SYNDROME NEC"
"308"	"ACUTE REACTION TO STRESS"	"ACUTE REACTION TO STRESS"
"308.0"	"PREDOMINANT DISTURBANCE OF EMOTIONS"	"PREDOMINANT DISTURBANCE OF EMOTIONS"
"308.1"	"PREDOM DSTUR CONSCIOUS REACT STRESS"	"PREDOM DISTURBANCE CONSCIOUSNESS AS REACT STRESS"
"308.2"	"PREDOM PSYCHOMOTR DSTUR REACT STRSS"	"PREDOM PSYCHOMOTOR DISTURBANCE AS REACT STRESS"
"308.3"	"OTHER ACUTE REACTIONS TO STRESS"	"OTHER ACUTE REACTIONS TO STRESS"
"308.4"	"MIXED DISORDERS AS REACTION STRESS"	"MIXED DISORDERS AS REACTION TO STRESS"
"308.9"	"UNSPECIFIED ACUTE REACTION STRESS"	"UNSPECIFIED ACUTE REACTION TO STRESS"
"309"	"ADJUSTMENT REACTION"	"ADJUSTMENT REACTION"
"309.0"	"ADJ DISORDER WITH DEPRESSED MOOD"	"ADJUSTMENT DISORDER WITH DEPRESSED MOOD"
"309.1"	"PROLONG DPRSV REACT AS ADJ REACT"	"PROLONGED DEPRESSIVE REACTION AS ADJ REACTION"
"309.2"	"PREDOM DSTUR OTH EMOTIONS ADJ REACT"	"PREDOM DISTURBANCE OTH EMOTIONS AS ADJ REACTION"
"309.21"	"SEPARATION ANXIETY DISORDER"	"SEPARATION ANXIETY DISORDER"
"309.22"	"EMANCIPATION DISORDER"	"EMANCIPATION D/O ADOLESCENCE&EARLY ADLT LIFE"
"309.23"	"SPEC ACADEMIC/WORK INHIB ADJ REACT"	"SPECIFIC ACADEMIC/WORK INHIBITION AS ADJ REACT"
"309.24"	"ADJUSTMENT DISORDER WITH ANXIETY"	"ADJUSTMENT DISORDER WITH ANXIETY"
"309.28"	"ADJ D/O W/MIX ANXIETY&DPRSD MOOD"	"ADJ DISORDER WITH MIXED ANXIETY & DEPRESSED MOOD"
"309.29"	"OTH ADJ REACT W/DISTURB OTH EMOTION"	"OTH ADJ REACT W/PREDOM DISTURBANCE OTH EMOTIONS"
"309.3"	"ADJ D/O W/DISTURBANCE OF CONDUCT"	"ADJUSTMENT DISORDER WITH DISTURBANCE OF CONDUCT"
"309.4"	"ADJ D/O W/MIX DISTURB EMOTN&CONDUCT"	"ADJ DISORDER W/MIXED DISTURBANCE EMOTION&CONDUCT"
"309.8"	"OTHER SPEC ADJUSTMENT REACTIONS"	"OTHER SPECIFIED ADJUSTMENT REACTIONS"
"309.81"	"POSTTRAUMATIC STRESS DISORDER"	"POSTTRAUMATIC STRESS DISORDER"
"309.82"	"ADJ REACTION W/PHYSICAL SYMPTOMS"	"ADJUSTMENT REACTION WITH PHYSICAL SYMPTOMS"
"309.83"	"ADJUSTMENT REACTION WITH WITHDRAWAL"	"ADJUSTMENT REACTION WITH WITHDRAWAL"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"309.89"	"OTHER SPECIFIED ADJUSTMENT REACTION"	"OTHER SPECIFIED ADJUSTMENT REACTION"
"309.9"	"UNSPECIFIED ADJUSTMENT REACTION"	"UNSPECIFIED ADJUSTMENT REACTION"
"31"	"OTHER OPERATIONS LARYNX AND TRACHEA"	"OTHER OPERATIONS ON LARYNX AND TRACHEA"
"31.0"	"INJECTION OF LARYNX"	"INJECTION OF LARYNX"
"31.1"	"TEMPORARY TRACHEOSTOMY"	"TEMPORARY TRACHEOSTOMY"
"31.2"	"PERMANENT TRACHEOSTOMY"	"PERMANENT TRACHEOSTOMY"
"31.21"	"MEDIASTINAL TRACHEOSTOMY"	"MEDIASTINAL TRACHEOSTOMY"
"31.29"	"OTHER PERMANENT TRACHEOSTOMY"	"OTHER PERMANENT TRACHEOSTOMY"
"31.3"	"OTHER INCISION OF LARYNX OR TRACHEA"	"OTHER INCISION OF LARYNX OR TRACHEA"
"31.4"	"DIAGNOSTIC PROC LARYNX&TRACHEA"	"DIAGNOSTIC PROCEDURES ON LARYNX AND TRACHEA"
"31.41"	"TRACHEOSCOPY THRU ARTIFICIAL STOMA"	"TRACHEOSCOPY THROUGH ARTIFICIAL STOMA"
"31.42"	"LARYNGOSCOPY AND OTHER TRACHEOSCOPY"	"LARYNGOSCOPY AND OTHER TRACHEOSCOPY"
"31.43"	"CLOSED BIOPSY OF LARYNX"	"CLOSED BIOPSY OF LARYNX"
"31.44"	"CLOSED BIOPSY OF TRACHEA"	"CLOSED BIOPSY OF TRACHEA"
"31.45"	"OPEN BIOPSY OF LARYNX OR TRACHEA"	"OPEN BIOPSY OF LARYNX OR TRACHEA"
"31.48"	"OTHER DIAGNOSTIC PROCEDURES LARYNX"	"OTHER DIAGNOSTIC PROCEDURES ON LARYNX"
"31.49"	"OTHER DIAGNOSTIC PROCEDURES TRACHEA"	"OTHER DIAGNOSTIC PROCEDURES ON TRACHEA"
"31.5"	"LOC EXC/DESTRUC LES/TISSUE TRACHEA"	"LOCAL EXCISION/DESTRUCTION LESION/TISSUE TRACHEA"
"31.6"	"REPAIR OF LARYNX"	"REPAIR OF LARYNX"
"31.61"	"SUTURE OF LACERATION OF LARYNX"	"SUTURE OF LACERATION OF LARYNX"
"31.62"	"CLOSURE OF FISTULA OF LARYNX"	"CLOSURE OF FISTULA OF LARYNX"
"31.63"	"REVISION OF LARYNGOSTOMY"	"REVISION OF LARYNGOSTOMY"
"31.64"	"REPAIR OF LARYNGEAL FRACTURE"	"REPAIR OF LARYNGEAL FRACTURE"
"31.69"	"OTHER REPAIR OF LARYNX"	"OTHER REPAIR OF LARYNX"
"31.7"	"REPAIR&PLASTIC OPERATIONS TRACHEA"	"REPAIR AND PLASTIC OPERATIONS ON TRACHEA"
"31.71"	"SUTURE OF LACERATION OF TRACHEA"	"SUTURE OF LACERATION OF TRACHEA"
"31.72"	"CLOSURE EXTERNAL FISTULA TRACHEA"	"CLOSURE OF EXTERNAL FISTULA OF TRACHEA"
"31.73"	"CLOSURE OF OTHER FISTULA OF TRACHEA"	"CLOSURE OF OTHER FISTULA OF TRACHEA"
"31.74"	"REVISION OF TRACHEOSTOMY"	"REVISION OF TRACHEOSTOMY"
"31.75"	"RECON TRACH-CONSTRUCT ART LARYNX"	"RECONSTRUCT TRACHEA&CONSTRUCT ARTIFICIAL LARYNX"
"31.79"	"OTH REPAIR&PLASTIC OP TRACHEA"	"OTHER REPAIR AND PLASTIC OPERATIONS ON TRACHEA"
"31.9"	"OTHER OPERATIONS LARYNX AND TRACHEA"	"OTHER OPERATIONS ON LARYNX AND TRACHEA"
"31.91"	"DIVISION OF LARYNGEAL NERVE"	"DIVISION OF LARYNGEAL NERVE"
"31.92"	"LYSIS ADHESIONS TRACHEA OR LARYNX"	"LYSIS OF ADHESIONS OF TRACHEA OR LARYNX"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"31.93"	"REPLACEMENT LARYNG/TRACHEAL STENT"	"REPLACEMENT OF LARYNGEAL OR TRACHEAL STENT"
"31.94"	"INJ LOCLY-ACT TX SBSTNC IN TRACHEA"	"INJ LOCLY-ACTING THERAPEUTIC SBSTNC IN TRACHEA"
"31.95"	"TRACHEOESOPHAGEAL FISTULIZATION"	"TRACHEOESOPHAGEAL FISTULIZATION"
"31.98"	"OTHER OPERATIONS ON LARYNX"	"OTHER OPERATIONS ON LARYNX"
"31.99"	"OTHER OPERATIONS ON TRACHEA"	"OTHER OPERATIONS ON TRACHEA"
"310"	"SPEC NONPSYCHOT MNTL D/O BRAIN DAMG"	"SPECIFIC NONPSYCHOTIC MENTAL D/O DUE BRAIN DAMGE"
"310.0"	"FRONTAL LOBE SYNDROME"	"FRONTAL LOBE SYNDROME"
"310.1"	"PERSONALITY CHG DUE COND CLASS ELSW"	"PERSONALITY CHG DUE CONDS CLASSIFIED ELSEWHERE"
"310.2"	"POSTCONCUSSION SYNDROME"	"POSTCONCUSSION SYNDROME"
"310.8"	"OTH NONPSYCHT MNTL-ORGN BRAIN DMAGE"	"OTH NONPSYCHOT MENTL D/O FLW ORGNIC BRAIN DAMGE"
"310.9"	"UNS NONPSYCHT MNTL-ORGN BRAIN DMAGE"	"UNS NONPSYCHOT MENTL D/O FLW ORGNIC BRAIN DAMGE"
"311"	"DEPRESSIVE DISORDER NEC"	"DEPRESSIVE DISORDER NOT ELSEWHERE CLASSIFIED"
"312"	"DISTURBANCE OF CONDUCT NEC"	"DISTURBANCE OF CONDUCT NOT ELSEWHERE CLASSIFIED"
"312.0"	"UNDERSOCLIZED CONDUCT D/O AGRESSIVE"	"UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE TYPE"
"312.00"	"UNDSOCIALIZED CONDUCT D/O AGRESS-UNS"	"UNDERSOCIALIZED CONDUCT D/O AGGRESSIVE UNSPEC"
"312.01"	"UNDSOCIALIZED CONDUCT D/O AGRSS-MILD"	"UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE MILD"
"312.02"	"UNDSOCIALIZED CONDUCT D/O AGRESS-MOD"	"UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE MOD"
"312.03"	"UNDSOCIALIZED CONDUCT D/O AGRESS-SEV"	"UNDERSOCIALIZED CONDUCT D/O AGGRESSIVE SEVERE"
"312.1"	"UNDSOCLIZED CONDUCT D/O UNAGRESSIVE"	"UNDERSOCIALIZED CONDUCT DISORDER UNAGGRESSIVE"
"312.10"	"UNSOCIAL CONDUCT D/O UNAGRESS-UNS"	"UNDERSOCIALIZED CONDUCT D/O UNAGGRESSIVE UNSPEC"
"312.11"	"UNSOCIAL CONDUCT D/O UNAGRESS-MILD"	"UNDERSOCIALIZED CONDUCT D/O UNAGGRESSIVE MILD"
"312.12"	"UNSOCIAL CONDUCT D/O UNAGRESS-MOD"	"UNDERSOCIALIZED CONDUCT DISORDER UNAGGRESSIVE MOD"
"312.13"	"UNSOCIAL CONDUCT D/O UNAGRESS-SEV"	"UNDERSOCIALIZED CONDUCT D/O UNAGGRESSIVE SEVERE"
"312.2"	"SOCIALIZED CONDUCT DISORDER"	"SOCIALIZED CONDUCT DISORDER"
"312.20"	"SOCIALIZED CONDUCT DISORDER UNSPEC"	"SOCIALIZED CONDUCT DISORDER UNSPECIFIED"
"312.21"	"SOCIALIZED CONDUCT DISORDER"	MILD"
"312.22"	"SOCIALIZED CONDUCT DISORDER MOD"	"SOCIALIZED CONDUCT DISORDER MODERATE"
"312.23"	"SOCIALIZED CONDUCT DISORDER"	SEVERE"
"312.3"	"DISORDERS OF IMPULSE CONTROL NEC"	"DISORDERS OF IMPULSE CONTROL NEC"
"312.30"	"IMPULSE CONTROL DISORDER UNSPEC"	"IMPULSE CONTROL DISORDER UNSPECIFIED"
"312.31"	"PATHOLOGICAL GAMBLING"	"PATHOLOGICAL GAMBLING"
"312.32"	"KLEPTOMANIA"	"KLEPTOMANIA"
"312.33"	"PYROMANIA"	"PYROMANIA"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"312.34"	"INTERMITTENT EXPLOSIVE DISORDER"	"INTERMITTENT EXPLOSIVE DISORDER"
"312.35"	"ISOLATED EXPLOSIVE DISORDER"	"ISOLATED EXPLOSIVE DISORDER"
"312.39"	"OTHER DISORDER OF IMPULSE CONTROL"	"OTHER DISORDER OF IMPULSE CONTROL"
"312.4"	"MIXED DISTURBANCE CONDUCT&EMOTIONS"	"MIXED DISTURBANCE OF CONDUCT AND EMOTIONS"
"312.8"	"OTHER SPEC DISTURBANCES CONDUCT NEC"	"OTHER SPECIFIED DISTURBANCES OF CONDUCT NEC"
"312.81"	"CONDUCT DISORDER CHLD ONSET TYPE"	"CONDUCT DISORDER CHILDHOOD ONSET TYPE"
"312.82"	"CONDUCT DISORDER ADOLES ONSET TYPE"	"CONDUCT DISORDER ADOLESCENT ONSET TYPE"
"312.89"	"OTHER SPEC DISTURBANCE CONDUCT NEC"	"OTHER SPECIFIED DISTURBANCE OF CONDUCT NEC"
"312.9"	"UNSPECIFIED DISTURBANCE OF CONDUCT"	"UNSPECIFIED DISTURBANCE OF CONDUCT"
"313"	"DSTUR EMOTS SPEC CHLD&ADOLESCENCE"	"DISTURBANCE EMOTIONS SPECIFIC CHLD&ADOLESCENCE"
"313.0"	"OVRANXIOUS D/O CHLD&ADOLESCENCE"	"OVERANXIOUS DISORDER SPECIFIC CHLD&ADOLESCENCE"
"313.1"	"MISERY&UNHAPPY D/O SPEC CHLD&ADOLES"	"MISERY&UNHAPPINESS D/O SPECIFIC CHLD&ADOLESCENCE"
"313.2"	"SENSITIV SHY&SOCIAL WITHDRAWL D/O"	"SENSITIVITY SHYNESS & SOCIAL WITHDRAWAL DISORDER"
"313.21"	"SHYNESS DISORDER OF CHILDHOOD"	"SHYNESS DISORDER OF CHILDHOOD"
"313.22"	"INTROVERTED DISORDER OF CHILDHOOD"	"INTROVERTED DISORDER OF CHILDHOOD"
"313.23"	"SELECTIVE MUTISM"	"SELECTIVE MUTISM"
"313.3"	"RELSHIP PROBS SPEC CHLD&ADOLESCENCE"	"RELATIONSHIP PROBLEMS SPECIFIC CHLD&ADOLESCENCE"
"313.8"	"OTH/MIX EMOTIONL DISTRB CHLD/ADOLES"	"OTH/MIXED EMOTIONAL DISTURB CHLD/ADOLESCENCE"
"313.81"	"OPPOSITIONAL DEFIANT DISORDER"	"OPPOSITIONAL DEFIANT DISORDER"
"313.82"	"IDENTITY DISORDER CHLD/ADOLESCENCE"	"IDENTITY DISORDER OF CHILDHOOD OR ADOLESCENCE"
"313.83"	"ACADMIC UNDRACHIEVE D/O CHLD/ADOLES"	"ACADEMIC UNDERACHIEVEMENT D/O CHLD/ADOLESCENCE"
"313.89"	"OTH EMOTAL DSTUR CHLD/ADOLESCENCE"	"OTH EMOTIONAL DISTURBANCE CHILDHOOD/ADOLESCENCE"
"313.9"	"UNS EMOTIONL DISTURB CHLD/ADOLESNCE"	"UNSPEC EMOTIONAL DISTURBANCE CHLD/ADOLESCENCE"
"314"	"HYPERKINETIC SYNDROME OF CHILDHOOD"	"HYPERKINETIC SYNDROME OF CHILDHOOD"
"314.0"	"ADD OF CHILDHOOD"	"ATTENTION DEFICIT DISORDER OF CHILDHOOD"
"314.00"	"ADD CHLD WITHOUT MENTION HYPERACTV"	"ADD CHILDHOOD WITHOUT MENTION HYPERACTIVITY"
"314.01"	"ADD OF CHILDHOOD WITH HYPERACTIVITY"	"ADD OF CHILDHOOD WITH HYPERACTIVITY"
"314.1"	"HYPERKINESIS CHLD W/DVLPMENTL DELAY"	"HYPERKINESIS OF CHILDHOOD W/DEVELOPMENTAL DELAY"
"314.2"	"HYPERKINETIC CONDUCT DISORDER CHLD"	"HYPERKINETIC CONDUCT DISORDER OF CHILDHOOD"
"314.8"	"OTH SPEC MANIFEST HYPRKINTIC CHLD"	"OTH SPEC MANIFESTS HYPERKINETIC SYNDROME CHLD"
"314.9"	"UNSPEC HYPERKINETIC SYNDROME CHLD"	"UNSPECIFIED HYPERKINETIC SYNDROME OF CHILDHOOD"
"315"	"SPECIFIC DELAYS IN DEVELOPMENT"	"SPECIFIC DELAYS IN DEVELOPMENT"
"315.0"	"SPECIFIC DVLPMENTL READING DISORDER"	"SPECIFIC DEVELOPMENTAL READING DISORDER"
"315.00"	"DVLPMENTL READING DISORDER UNSPEC"	"DEVELOPMENTAL READING DISORDER UNSPECIFIED"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"315.01"	"ALEXIA"	"ALEXIA"
"315.02"	"DEVELOPMENTAL DYSLEXIA"	"DEVELOPMENTAL DYSLEXIA"
"315.09"	"OTH SPECIFIC DVLPMNTL READING D/O"	"OTHER SPECIFIC DEVELOPMENTAL READING DISORDER"
"315.1"	"MATHEMATICS DISORDER"	"MATHEMATICS DISORDER"
"315.2"	"OTH DVLPMNTL LEARNING DFCLTIES"	"OTHER SPECIFIC DVLPMNTL LEARNING DIFFICULTIES"
"315.3"	"DVLPMNTL SPEECH/LANGUAGE DISORDER"	"DEVELOPMENTAL SPEECH OR LANGUAGE DISORDER"
"315.31"	"EXPRESSIVE LANGUAGE DISORDER"	"EXPRESSIVE LANGUAGE DISORDER"
"315.32"	"MIX RECEPTIVE-EXPRESSIVE LANGE D/O"	"MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER"
"315.39"	"OTH DVLPMNTL SPCH/LANGE DISORDER"	"OTHER DEVELOPMENTAL SPEECH OR LANGUAGE DISORDER"
"315.4"	"DEVELOPMENTAL COORDINATION DISORDER"	"DEVELOPMENTAL COORDINATION DISORDER"
"315.5"	"MIXED DEVELOPMENT DISORDER"	"MIXED DEVELOPMENT DISORDER"
"315.8"	"OTHER SPECIFIED DELAY DEVELOPMENT"	"OTHER SPECIFIED DELAY IN DEVELOPMENT"
"315.9"	"UNSPECIFIED DELAY IN DEVELOPMENT"	"UNSPECIFIED DELAY IN DEVELOPMENT"
"316"	"PSYCHIC FCT ASSOC W/DZ CLASS ELSW"	"PSYCHIC FACTORS ASSOC W/DISEASES CLASSIFIED ELSW"
"317"	"MILD MENTAL RETARDATION"	"MILD MENTAL RETARDATION"
"318"	"OTHER SPECIFIED MENTAL RETARDATION"	"OTHER SPECIFIED MENTAL RETARDATION"
"318.0"	"MODERATE MENTAL RETARDATION"	"MODERATE MENTAL RETARDATION"
"318.1"	"SEVERE MENTAL RETARDATION"	"SEVERE MENTAL RETARDATION"
"318.2"	"PROFOUND MENTAL RETARDATION"	"PROFOUND MENTAL RETARDATION"
"319"	"UNSPECIFIED MENTAL RETARDATION"	"UNSPECIFIED MENTAL RETARDATION"
"V40"	"MENTAL AND BEHAVIORAL PROBLEMS"	"MENTAL AND BEHAVIORAL PROBLEMS"
"V40.0"	"PROBLEMS WITH LEARNING"	"PROBLEMS WITH LEARNING"
"V40.1"	"PROBLEMS WITH COMMUNICATION"	"PROBLEMS WITH COMMUNICATION"
"V40.2"	"OTHER MENTAL PROBLEMS"	"OTHER MENTAL PROBLEMS"
"V40.3"	"OTHER BEHAVIORAL PROBLEMS"	"OTHER BEHAVIORAL PROBLEMS"
"V40.9"	"UNSPEC MENTAL/BEHAVIORAL PROBLEM"	"UNSPECIFIED MENTAL OR BEHAVIORAL PROBLEM"
"304.0"	"OPIOID TYPE DEPENDENCE"	"OPIOID TYPE DEPENDENCE"
"304.00"	"OPIOID TYPE DEPENDENCE UNSPEC ABUSE"	"OPIOID TYPE DEPENDENCE UNSPECIFIED ABUSE"
"304.01"	"OPIOID TYPE DEPENDENCE CONT ABUSE"	"OPIOID TYPE DEPENDENCE CONTINUOUS ABUSE"
"304.02"	"OPIOID TYPE DEPENDENCE EPISODIC ABS"	"OPIOID TYPE DEPENDENCE EPISODIC ABUSE"
"304.03"	"OPIOID TYPE DEPENDENCE IN REMISSION"	"OPIOID TYPE DEPENDENCE IN REMISSION"
"304.1"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND"	"SEDATIVE HYPNOTIC OR ANXIOLYTIC DEPENDENCE"
"304.10"	"SEDAT HYPNOT/ANXIOLYTIC DEPEND UNS"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE UNSPEC"
"304.11"	"SEDAT HYPNOT/ANXIOLYTIC DEPEND CONT"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE CONT"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"304.12"	"SEDAT HYPNOT/ANXIOLYTC DPND EPISODC"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE EPISODIC"
"304.13"	"SEDAT HYPNOT/ANXIOLYTIC DPND REMISS"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND REMISSION"
"304.2"	"COCAINE DEPENDENCE"	"COCAINE DEPENDENCE"
"304.20"	"COCAINE DEPENDENCE UNSPEC ABUSE"	"COCAINE DEPENDENCE UNSPECIFIED ABUSE"
"304.21"	"COCAINE DEPENDENCE CONTINUOUS ABUSE"	"COCAINE DEPENDENCE CONTINUOUS ABUSE"
"304.22"	"COCAINE DEPENDENCE"	"EPISODIC ABUSE"
"304.23"	"COCAINE DEPENDENCE"	"IN REMISSION"
"304.3"	"CANNABIS DEPENDENCE"	"CANNABIS DEPENDENCE"
"304.30"	"CANNABIS DEPENDENCE UNSPEC ABUSE"	"CANNABIS DEPENDENCE UNSPECIFIED ABUSE"
"304.31"	"CANNABIS DEPENDENCE CONT ABUSE"	"CANNABIS DEPENDENCE CONTINUOUS ABUSE"
"304.32"	"CANNABIS DEPENDENCE"	"EPISODIC ABUSE"
"304.33"	"CANNABIS DEPENDENCE"	"IN REMISSION"
"304.4"	"AMPHET&OTH PSYCHOSTIMULANT DEPEND"	"AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE"
"304.40"	"AMPHET&OTH PSYCHOSTIM DPND UNS ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE UNSPEC ABS"
"304.41"	"AMPHET&OTH PSYCHOSTIM DPND CONT ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE CONT ABS"
"304.42"	"AMPHET&OTH PSYCHOSTIM DPND EPIS ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPEND EPISODIC ABS"
"304.43"	"AMPHET&OTH PSYCHOSTIM DPND REMISS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE REMISSION"
"304.5"	"HALLUCINOGEN DEPENDENCE"	"HALLUCINOGEN DEPENDENCE"
"304.50"	"HALLUCINOGEN DEPENDENCE UNSPEC ABS"	"HALLUCINOGEN DEPENDENCE UNSPECIFIED ABUSE"
"304.51"	"HALLUCINOGEN DEPENDENCE CONT ABUSE"	"HALLUCINOGEN DEPENDENCE CONTINUOUS ABUSE"
"304.52"	"HALLUCINOGEN DEPEND EPISODIC ABS"	"HALLUCINOGEN DEPENDENCE EPISODIC ABUSE"
"304.53"	"HALLUCINOGEN DEPENDENCE REMISSION"	"HALLUCINOGEN DEPENDENCE IN REMISSION"
"304.6"	"OTHER SPECIFIED DRUG DEPENDENCE"	"OTHER SPECIFIED DRUG DEPENDENCE"
"304.60"	"OTH SPEC DRUG DEPENDENCE UNSPEC ABS"	"OTHER SPEC DRUG DEPENDENCE UNSPEC ABUSE"
"304.61"	"OTH SPEC DRUG DEPENDENCE CONT ABUSE"	"OTHER SPECIFIED DRUG DEPENDENCE CONTINUOUS ABUSE"
"304.62"	"OTH SPEC DRUG DEPEND EPISODIC ABS"	"OTHER SPECIFIED DRUG DEPENDENCE EPISODIC ABUSE"
"304.63"	"OTH SPEC DRUG DEPENDENCE REMISSION"	"OTHER SPECIFIED DRUG DEPENDENCE IN REMISSION"
"304.7"	"COMB OPIOID RX W/ANY OTH RX DEPEND"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPENDENCE"
"304.70"	"OPIOID/OTHER DEP-UNSPEC"	"COMB OPIOID RX W/ANY OTH RX DEPEND UNSPEC ABS"
"304.71"	"OPIOID/OTHER DEP-CONTIN"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPEND CONT ABS"
"304.72"	"OPIOID/OTHER DEP-EPISOD"	"COMB OPIOID RX W/ANY OTH RX DEPEND EPISODIC ABS"
"304.73"	"OPIOID/OTHER DEP-REMISS"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPEND REMISSION"
"304.8"	"COMB DRUG DEPEND EXCLD OPIOID DRUG"	"COMB DRUG DEPENDENCE EXCLUDING OPIOID DRUG"
"304.80"	"COMBOS DRUG DEPEND UNS ABUSE"	"COMB DRUG DEPEND EXCLD OPIOID DRUG UNSPEC ABS"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"304.81"	"COMBOS DRUG DEPEND CONT ABUSE"	"COMB DRUG DEPEND EXCLUDING OPIOID DRUG CONT ABS"
"304.82"	"COMB DRUG DEPEND EPISOD ABUSE"	"COMB DRUG DEPEND EXCLD OPIOID DRUG EPISODIC ABS"
"304.83"	"COMB RX DPND EXCLD OPIOID RX REMISS"	"COMB DRUG DEPEND EXCLUDING OPIOID DRUG REMISSION"
"304.9"	"UNSPECIFIED DRUG DEPENDENCE"	"UNSPECIFIED DRUG DEPENDENCE"
"305.0"	"NONDEPENDENT ALCOHOL ABUSE"	"NONDEPENDENT ALCOHOL ABUSE"
"305.00"	"NONDPND ALCOHL ABS UNS DRUNKENNESS"	"NONDEPENDENT ALCOHOL ABUSE UNSPEC DRUNKENNESS"
"305.01"	"NONDPND ALCOHL ABS CONT DRUNKENNESS"	"NONDEPENDENT ALCOHOL ABUSE CONT DRUNKENNESS"
"305.02"	"NONDPND ALCOHL ABS EPISODIC"	"NONDEPENDENT ALCOHOL ABUSE EPISODIC DRUNKENNESS"
"305.03"	"NONDEPENDENT ALCOHOL ABS REMISSION"	"NONDEPENDENT ALCOHOL ABUSE IN REMISSION"
"305.1"	"NONDEPENDENT TOBACCO USE DISORDER"	"NONDEPENDENT TOBACCO USE DISORDER"
"305.2"	"NONDEPENDENT CANNABIS ABUSE"	"NONDEPENDENT CANNABIS ABUSE"
"305.20"	"NONDEPENDENT CANNABIS ABUSE UNSPEC"	"NONDEPENDENT CANNABIS ABUSE UNSPECIFIED"
"305.21"	"NONDEPENDENT CANNABIS ABUSE CONT"	"NONDEPENDENT CANNABIS ABUSE CONTINUOUS"
"305.22"	"NONDEPENDENT CANNABIS ABS EPISODIC"	"NONDEPENDENT CANNABIS ABUSE EPISODIC"
"305.23"	"NONDEPENDENT CANNABIS ABS REMISSION"	"NONDEPENDENT CANNABIS ABUSE IN REMISSION"
"305.3"	"NONDEPENDENT HALLUCINOGEN ABUSE"	"NONDEPENDENT HALLUCINOGEN ABUSE"
"305.30"	"NONDEPEND HALLUCINOGEN ABS UNSPEC"	"NONDEPENDENT HALLUCINOGEN ABUSE UNSPECIFIED"
"305.31"	"NONDEPENDENT HALLUCINOGEN ABS CONT"	"NONDEPENDENT HALLUCINOGEN ABUSE CONTINUOUS"
"305.32"	"NONDEPEND HALLUCINOGEN ABS EPISODIC"	"NONDEPENDENT HALLUCINOGEN ABUSE EPISODIC"
"305.33"	"NONDPND HALLUCINOGEN ABS REMISSION"	"NONDEPENDENT HALLUCINOGEN ABUSE IN REMISSION"
"305.4"	"NONDPND SEDAT HYPNOT/ANXIOLYTIC ABS"	"NONDEPENDENT SEDATIVE HYPNOTIC/ANXIOLYTIC ABUSE"
"305.40"	"NONDEPEND SEDAT HYPNOTIC ABS UNS"	"NONDEPEND SEDATIVE HYPNOT/ANXIOLYTIC ABS UNSPEC"
"305.41"	"NONDEPEND SEDAT HYPNOTIC ABS CONT"	"NONDEPEND SEDATIVE HYPNOTIC/ANXIOLYTIC ABS CONT"
"305.42"	"NONDPND SEDAT HYPNOTIC ABS EPISODIC"	"NONDEPEND SEDAT HYPNOT/ANXIOLYTIC ABS EPISODIC"
"305.43"	"NONDEPEND SEDAT HYPNOTIC ABS REMISS"	"NONDEPEND SEDAT HYPNOT/ANXIOLYTIC ABS REMISSION"
"305.5"	"NONDEPENDENT OPIOID ABUSE"	"NONDEPENDENT OPIOID ABUSE"
"305.50"	"NONDEPENDENT OPIOID ABUSE UNSPEC"	"NONDEPENDENT OPIOID ABUSE UNSPECIFIED"
"305.51"	"NONDEPENDENT OPIOID ABUSE CONT"	"NONDEPENDENT OPIOID ABUSE CONTINUOUS"
"305.52"	"NONDEPENDENT OPIOID ABUSE	EPISODIC"
"305.53"	"NONDEPENDENT OPIOID ABUSE REMISSION"	"NONDEPENDENT OPIOID ABUSE IN REMISSION"
"305.6"	"NONDEPENDENT COCAINE ABUSE"	"NONDEPENDENT COCAINE ABUSE"
"305.60"	"NONDEPENDENT COCAINE ABUSE UNSPEC"	"NONDEPENDENT COCAINE ABUSE UNSPECIFIED"
"305.61"	"NONDEPENDENT COCAINE ABUSE CONT"	"NONDEPENDENT COCAINE ABUSE CONTINUOUS"
"305.62"	"NONDEPENDENT COCAINE ABUSE EPISODIC"	"NONDEPENDENT COCAINE ABUSE EPISODIC"

EXCLUDED SERVICES

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"305.63"	"NONDEPENDENT COCAINE ABS REMISSION"	"NONDEPENDENT COCAINE ABUSE IN REMISSION"
"305.7"	"NONDPND AMPHET/REL ACT SYMPHOM ABS"	"NONDEPEND AMPHET/REL ACTING SYMPATHOMIMET ABS"
"305.70"	"AMPHETAMINE/RELATED DRUG ABUSE-UNS"	"NONDEPEND AMPHET/REL ACT SYMPATHOMIMET ABS UNS"
"305.71"	"AMPHETAMINE/RELATED RX ABUSE-CONTIN"	"NONDEPEND AMPHET/REL ACT SYMPATHOMIMET ABS CONT"
"305.72"	"AMPHETAMINE/RELATED DRUG ABUSE-EPIS"	"AMPHETAMINE/RELATED DRUG ABUSE-EPISODIC"
"305.73"	"AMPHETAMINE/RELATED DRUG ABS-REMISS"	"NONDPND AMPHET/REL ACT SYMPATHOMIMET ABS REMISS"
"305.8"	"NONDEPEND ANTIDEPRESSANT TYPE ABS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE"
"305.80"	"NONDEPEND ANTIDEPTSSNT TYPE ABS UNS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE UNSPEC"
"305.81"	"NONDPND ANTIDEPTSSNT TYPE ABS CONT"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE CONT"
"305.82"	"NONDEPEND ANTIDEPRESS TYPE ABS EPIS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE EPISODIC"
"305.83"	"NONDPND ANTIDEPRESS TYPE ABS REMISS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE REMISSION"
"305.9"	"OTH MIXED/UNSPEC NONDEPEND DRUG ABS"	"OTHER MIXED/UNSPECIFIED NONDEPENDENT DRUG ABUSE"
"291"	"ALCOHOL-INDUCED MENTAL DISORDERS"	"ALCOHOL-INDUCED MENTAL DISORDERS"
"291.8"	"OTH SPEC ALCOHOL-INDUCED MENTAL D/O"	"OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"292"	"DRUG-INDUCED MENTAL DISORDERS"	"DRUG-INDUCED MENTAL DISORDERS"
"292.1"	"PARANOID&/HALLUCIN STATES INDUCD-RX"	"PARANOID &OR HALLUCINATORY STATES INDUCED DRUGS"
"292.8"	"OTH SPEC DRUG-INDUCED MENTAL D/O"	"OTHER SPECIFIED DRUG-INDUCED MENTAL DISORDERS"
"298"	"OTHER NONORGANIC PSYCHOSES"	"OTHER NONORGANIC PSYCHOSES"
"303.0"	"ACUTE ALCOHOLIC INTOXICATION"	"ACUTE ALCOHOLIC INTOXICATION"
"303.9"	"OTHER&UNSPEC ALCOHOL DEPENDENCE"	"OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE"
"305"	"NONDEPENDENT ABUSE OF DRUGS"	"NONDEPENDENT ABUSE OF DRUGS"

**PLACEHOLDER FOR
EXHIBIT A – ATTACHMENT II
“CONTRACTOR’S WORKPLAN”**

EXHIBIT B

BILLING AND PAYMENT – PRIMARY HEALTH CARE SERVICES

1. Electronic Billings to County: Contractor shall submit to County's Claims Adjudicator data elements substantially similar to those found on the Federal Centers for Medicare and Medicaid Services (CMS) Form 1500, or other forms approved by Director (Billing Form). Such data shall be submitted electronically for each primary care visit provided to an Eligible Patient monthly in arrears. None of Contractor's physicians or other providers shall separately bill County or Eligible Patients or their families for services hereunder.

2. Manual Billings to County: If electronic billing between Contractor and County's Claims Adjudicator is not operational, Contractor shall bill County's Claims Adjudicator manually using the Billing Form completed in duplicate. All manual information must be submitted on a Billing Form, as approved by Director. Contractor shall retain one billing copy for its own records and shall forward the original billing copy to the County's Claims Adjudicator. None of Contractor's physicians or other providers shall separately bill County or Eligible Patients or their families for services hereunder.

3. Billing Guidelines: Contractor shall follow the billing guidelines contained in this Exhibit and as set forth in any Provider Information Notices (PIN), which shall be provided to Contractor as necessary according to the process set forth in this Agreement. Addresses, both electronic and U.S. mailing, for billing of County shall be provided to Contractor prior to the commencement of services hereunder through a PIN.

4. County's Manual Reprocessing of Contractor's Denied and Canceled Claims:
If claims were denied or canceled through no fault of County or County's Claims

Adjudicator, Contractor shall pay County the appropriate County contract, per-claim fee billed County by County's Claims Adjudicator. Contractor shall be advised by Director, by means of a PIN, of the current fee charged to County. The County shall recoup payment due from Contractor for denied or canceled claims by requesting payment from Contractor, which repayment shall be remitted forthwith by Contractor to County by check made payable to the County of Los Angeles or by withholding such amount from the usual monthly payment for Contractor's services under this Agreement as an off-set.

5. Records: Subject to the conditions and terms set forth in this Agreement, Contractor agrees to make all billing, eligibility, and medical records immediately available and open to inspection or review, subject to the applicable provisions of Federal and State law, during normal business hours, to Director, for inspection, audit, and copying.

Such records shall be retained in accordance with the RECORDS AND AUDITS Paragraph, subparagraph "A", Records of Services Rendered, of the ADDITIONAL PROVISIONS of this Agreement.

6. County's Fiscal Year Reimbursement: Subject to the County's Fiscal Year Maximum Obligation Paragraph, County shall pay one hundred percent (100%) of the electronic and/or manual claims submitted by Contractor on a monthly basis within thirty (30) days of the claims being processed by County's Claims Adjudicator, on condition that County's Claims Adjudicator first receives complete, correct, and timely Billing Forms or electronic billing, in accordance with its normal accounts payable procedures.

County's Claims Adjudicator shall reconcile all claims against the most recent State Medi-Cal eligibility history file before processing the claims for payment and deny any Medi-Cal eligible claim. Contractor shall receive a Remittance Advice indicating: 1) eligible Medi-

Cal denied claims, 2) other denied claims; 3) reason for denial; 4) summary of denied claims by reason code.

Contractor shall maintain a system of record keeping that will allow Contractor to determine when it has incurred seventy-five percent (75%) of the Contract's Sum. Upon occurrence of this event, Contractor shall send written notification to the Director, Office of Ambulatory Care.

Within six (6) months of the end of the fiscal year, Director shall have the discretion to conduct a "final" Medi-Cal reconciliation in which County shall reconcile all claims submitted by all Contractors over the terms of their respective Agreements against a database containing the identities of all Medi-Cal eligible PPP Program patients to determine whether any Contractor has included, and has therefore been reimbursed for, claims for Medi-Cal "pending" patients who have, since the time that Contractor submitted its claims, become Medi-Cal "eligible" patients.

If the final Medi-Cal reconciliation process indicates that Contractor has been reimbursed for Medi-Cal eligible patients, following Director's written notice, Contractor shall within thirty (30) calendar days remit to County the amount indicated on Director's written notice.

Notwithstanding the foregoing, if Director determines at any time that Contractor has been overpaid, the amount of the overpayment shall be either: 1) credited against any amounts due by the County to Contractor or 2) paid within thirty (30) calendar days by Contractor to County.

If Director determines that Contractor has been underpaid, the amount of the underpayment shall be paid to Contractor within thirty (30) days from the date the

underpayment was determined. However, County shall not pay to Contractor an amount in excess of the County maximum obligation under this Agreement, except as may be expressly specified elsewhere in Agreement.

7. All Inclusive Rate: Subject to the County's Fiscal Year Maximum Obligation Paragraph of this Exhibit, Contractor shall be reimbursed at the all-inclusive rate of \$94.00 per office/clinic visit rate for primary health care services and any ancillary services, as defined under this Agreement, needed during or as a result of the visit.

8. Pharmacy: When required by an Eligible Patient, drugs or medications, and medical supplies, prescribed by Contractor shall be available without charge to the Eligible Patient or County. Drugs or medications and medical supplies whether dispensed or filled by Contractor or an outside pharmacy entity, are the responsibility of Contractor. When available to the Contractor, non-prescription drugs (over the counter medication) and/or medical supplies shall be supplied by the Contractor without charge to the patient.

EXHIBIT C

DESCRIPTION OF SERVICES – DENTAL CARE SERVICES

1. Dental Care Services: Contractor shall provide outpatient dental care services for the prevention, detection, and treatment of dental problems to Eligible Patients, including dental support services, charting to dental records, and administrative management. For purposes of this Agreement, dental care services are limited to those services identified by the visit codes and procedures listed in Attachment __, "SCOPE OF SERVICES-DENTAL CARE", attached hereto and incorporated herein by reference.

Contractor shall also be responsible for prescribing and providing medically indicated pharmaceutical services or supplies, prescription medications, and over-the-counter medications required in conjunction with the dental care services.

2. Workplan: Contractor shall follow Contractor's PPP Workplan attached hereto and incorporated herein by reference as Attachment __. Any changes to this Workplan must have the prior written consent of the Director.

3. Contractor's Obligations: Contractor shall do the following:

A. Operations:

1) Hours of Operation: Contractor shall adhere to the hours of operation set forth in Attachment __, Contractor's Workplan. Any changes to the specified hours of operation must be requested of Director in writing and shall be at the discretion of the Director to approve.

a) A proposed closure for a holiday which is not recognized by the County as an official holiday must be communicated in writing to Director at least thirty (30) calendar days prior to the planned closure. The Director shall respond to Contractor in writing with his or her decision at least fourteen (14) calendar days prior to the proposed closure. The County's current official holidays are: New Year's Day, Martin L. King, Jr. Day, President's Day, Memorial Day, Fourth of July, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and the day after, and Christmas Day.

b) If the above procedures have not been followed, and a change in its clinic service site hours or days of operation is made by Contractor without Director's authorization, Contractor shall be assessed by the County the amounts set forth as liquidated damages in the LIQUIDATED DAMAGES Paragraph in the body of this Agreement, and not as a penalty, for each regular County day of business following such unauthorized change. Such assessment shall continue until the clinic service site has returned to the new hours and days of operation.

2) Facility Service Sites: Contractor shall provide services at the service sites set forth in Attachment ___ Contractor's Workplan. Contractor shall inform Director in writing at least forty-five (45) calendar days prior to adding, closing, or relocating a site, for provision of services

hereunder. The addition, deletion or relocation may be affected after obtaining the Director's written approval only.

3) Referral and Notification: Contractor shall adhere to the referral and notification process set forth in Attachment ___, Contractor's Workplan, in the event that Contract must a) close its practice to new PPP eligible patients (individuals who have not been seen at the site in over twelve (12) months) from the first visit after the effective date of this Agreement), and/or b) close its practice due to circumstances beyond its control.

If Contractor must close its practice at a particular site, to new PPP eligible patients, the closure must apply to all new PPP eligible patients. Notwithstanding the foregoing, Contractor shall be permitted to accept the following new PPP eligible patients: new PPP eligible patients who are existing clients in one of Contractor's other services or clinic programs or new PPP eligible patients who are family members or caretakers of an existing patient receiving regular care at the site. Contractor shall document such information in the new PPP eligible patient's medical chart upon the patient's first visit as a PPP eligible patient. Contractor shall not be permitted to select and reject new PPP eligible patients on criteria such as symptom, condition or disease.

Contractor shall notify County in writing not less than fourteen (14) calendar days prior to closing its practice as described above. Until such time as Contractor determines it shall reopen its practice in any form,

Contractor shall notify County in writing fourteen (14) calendar days in advance. In the event that Contractor closes its practice as described above, Contractor shall submit monthly written reports to County which provide the number of patients referred and the name of the agency(ies) that the patients were referred to. Such reports shall be submitted to the County of Los Angeles Department of Health Services, Office of Ambulatory Care, 5555 Ferguson Drive, Room 210-01, Los Angeles, California 90022, Attention: Director.

In the event that County learns and verifies that Contractor has closed only to selected, new PPP eligible patients, based upon the above criteria or for any other reason, such conduct shall be considered a material breach of contract upon which County may immediately terminate or suspend this Agreement. County, at its sole option, may obtain damage from Contractor resulting from said breach.

4) Patient Eligibility: Contractor shall verify and document patient eligibility for services under this Agreement in accordance with the ELIGIBILITY Paragraph of the body of this Agreement. Verification of patient's Los Angeles County residency, income and insurance status must be documented in the patient's medical record through the inclusion of the completed, signed, and dated COI. Such documentation must be maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS.

In accordance with the NON-EMERGENCY MEDICAL CARE SERVICES REQUIREMENTS Paragraph of this Agreement, PPP eligible patients receiving public health related services are exempt from the Los Angeles County residency verification process.

5) Self-Verification of Contractor's Dentists: Contractor shall provide to Director a signed and dated Dentist's Self-Verification Form, Attachment III, attached hereto and incorporated herein by reference, for each dentist providing services under this Agreement, which shall be submitted to Director within sixty (60) calendar days of the effective date of this Agreement and within thirty (30) calendar days of notification to Director that Contractor is adding a dentist.

Contractor may not add any new dentists without prior written notice to Director and performing self-verification of these dentists as required under this paragraph. Contractor must also provide written notice to Director of any dentist that is no longer available to provide services under this Agreement within thirty (30) calendar days of the change.

B. Patient Care

1) Dental Services: Contractor shall provide outpatient dental care services for the prevention, detection, and treatment of dental problems to Eligible Patients, including dental support services, charting to dental records, and administrative management. For purposes of this Agreement, dental care services are limited to those services identified by the visit codes and procedures listed in Attachment __, "SCOPE OF

SERVICES-DENTAL CARE", attached hereto and incorporated herein by reference.

2) Pharmacy: Contractor shall also be responsible for prescribing and providing medically indicated pharmaceutical services or supplies, prescription medications, and over-the-counter medications required in conjunction with the dental care services.

C. Program Management: In accordance with Attachment I, Contractor's Workplan, Contractor must manage contract resources to ensure that there are sufficient funds over the term of this Agreement to:

1) Provide continuous care, as medically appropriate, by providers at the Contractor's site(s). Medically necessary follow-up care and medications must be provided without charge to the patient as long as he/she meets the PPP financial eligibility criteria.

2) Provide same-day or next-day appointments or walk-in services to those patients who should be seen within 24-48 hours, and regular scheduled appointments for returning patients, as medically necessary.

D. Performance Measurement:

1) Baseline Measurements: Information provided in the Contractor's approved Workplan provides baseline information for components of performance reports.

2) Monthly Reports: The County will issue monthly reports to Contractor to summarize performance of individual agencies, and

comparisons to contractors similar in size and organization, and to PPPs across the entire system. Information on the monthly reports will be derived from claims adjudication data, Contractor's quarterly reports, annual monitoring/audit reports, and other sources.

3) Quarterly Reports: Contractor shall provide quarterly reports to the County, as needed, providing information on volume of clinic workload, changes in capacity, and other data that is not available to the Department except through agency self-reporting. County shall notify Contractor of submission due dates and reporting requirements, as appropriate, via the PIN program.

4) Performance Improvement: Contractor shall participate in County activities to improve performance across the PPP Program, and across the larger network of DHS and PPP network. As reasonable, this may include performance meetings with individual contractors, peer review meetings, and the review and development of new policies and procedures.

DENTIST'S SELF VERIFICATION FORM

Name _____
(Last) (First) (Initial) (Title - DDS, DMD)

Address _____

City _____ State _____ Zip _____

Telephone (work) _____ Telephone (home) _____

Social Security No. _____ - _____ - _____

License No. _____ Expiration Date _____

Drug Enforcement Administration (DEA) License No. _____

Expiration Date _____

Specialty _____ Board Status _____

Hospital, PPP, IPA Affiliation(s):

Are you County employed? Yes _____ No _____

County contract _____

Location of Practice (address) _____

I am a subcontractor to Name _____

Address _____

Do you have any previous and/or outstanding medical malpractice claims?

Yes _____ No _____

If so, please describe: _____

Do you have any current filings under Business and Professions Code Section 805?

Yes _____ No _____

If so, please describe: _____

Do you have any National Practitioner Data Bank filings?

Yes _____ No _____

If so, please describe: _____

Do you have any previous or outstanding actions taken or pending by the California Board of Dental Examiners?

Yes _____ No _____

If so, please describe: _____

I, _____, attest that the information provided is accurate and true.

Signature

Date

**PLACEHOLDER FOR
EXHIBIT C – ATTACHMENT I
“CONTRACTOR’S WORKPLAN”**

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
OFFICE OF AMBULATORY CARE
APPROVED DENTAL CODES

Attachment - II

CDT-4	DESCRIPTION	RATE
D0120	Periodic oral evaluation	\$15
D0150	Comprehensive oral evaluation-new or established patient	\$25
D0210	Intraoral-complete series (including bitewings)	\$40
D0220	Intraoral-periapical first film	\$10
D0230	Intraoral-periapical each additional film	\$3
D0240	Intraoral-occlusal film	\$10
D0250	Extraoral-first film	\$22
D0260	Extraoral-each additional film	\$5
D0270	Bitewing-single film	\$5
D0272	Bitewings-two films	\$10
D0274	Bitewings-four films	\$18
D0330	Panoramic film	\$25
D0350	Oral/Facial images (including intra and extraoral images)	\$6
D0999	Unspecified diagnostic procedure, by report	\$50
D1110	Prophylaxis-adult (age 13 & Over)	\$40
D1120	Prophylaxis-child (child to age 12)	\$30
D1201	Topical application of fluoride (including prophylaxis)-child (child to age 5)	\$35
D1203	Topical application of fluoride (prophylaxis not included)-child (child to age 5)	\$18
D1203	Topical application of fluoride (prophylaxis not included)-child (age 6 to 18)	\$8
D1204	Topical application of fluoride (prophylaxis not included)-adult (age 19 & over)	\$6
D1205	Topical application of fluoride (including prophylaxis)-adult (age 6 thru 17)	\$40
D1351	Sealant-per tooth	\$22
D1510	Space maintainer - fixed unilateral	\$120
D1525	Space maintainer - removable - bilateral	\$230
D2140	Amalgam-one surface, primary or permanent	\$39
D2150	Amalgam-two surfaces, primary or permanent	\$48
D2160	Amalgam-three surfaces, primary or permanent	\$57
D2161	Amalgam-four or more surfaces, primary or permanent	\$60
D2330	Resin-based composite-one surface, anterior	\$55
D2331	Resin-based composite-two surface, anterior	\$60
D2332	Resin-based composite-three surface, anterior	\$65
D2335	Resin-based composist-four or more surfaces or involving incisal angle-anterior	\$85
D2391	Resin-based composite, one surface, posterior	\$39
D2392	Resin-based composite,two surfaces, posterior	\$48
D2393	Resin-based composite, three surfaces, posterior	\$57
D2394	Resin-based composite, four or more surfaces, posterior	\$60
D2710	Crown-resin (indirect)	\$150
D2721	Crown-resin with predominantly base metal	\$220
D2740	Crown-porcelain/ceramic substrate	\$340
D2781	Crown-3/4 cast predominantly base metal	\$340
D2791	Crown-full cast predominately base metal	\$340
D2910	Recement inlay	\$30

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
OFFICE OF AMBULATORY CARE
APPROVED DENTAL CODES

Attachment - II

CDT-4	DESCRIPTION	RATE
D2920	Recement crown	\$30
D2930	Prefabricated stainless steel crown-primary tooth	\$75
D2931	Prefabricated stainless steel crown-permanent tooth	\$90
D2951	Pin retention-per tooth, in addition to restoration	\$80
D2952	Cast post and core in addition to crown	\$75
D3220	Therapeutic pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction, application of medicament	\$71
D3221	Pulpal debridement. primary and permanent teeth	\$45
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	\$71
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	\$71
D3310	Anterior (excluding final restoration)	\$216
D3320	Bicuspid (excluding final restoration)	\$261
D3330	Molar (excluding final restoration)	\$331
D3351	Apexification/Recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$100
D3352	Apexification/Recalcification-interim medication placement (apical closure/calcific repair of perforations, root resorption, etc.)	\$100
D3410	Apicoectomy/Periradicular surgery-anterior	\$100
D3421	Apicoectomy/Periradicular surgery-bicuspid (first root)	\$100
D3425	Apicoectomy/Periradicular surgery-molar (first root)	\$100
D3426	Apicoectomy/Periradicular surgery-molar (each additional root)	\$100
D4341	Periodontal scaling & root planing-4 or >contiguous teeth or bounded teeth spaces per quad	\$50
D4342	Periodontal scaling & root planing-1 to 3 teeth per quadrant	\$30
D4999	Unspecified periodontal procedure, by report	\$55
D5110	Complete denture-maxillary	\$450
D5120	Complete denture-mandibular	\$450
D5211	Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	\$250
D5212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	\$250
D5213	Maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$470
D5214	Mandiblar partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$470
D5410	Adjust complete denture-maxillary	\$25
D5411	Adjust complete denture-mandiblar	\$25
D5421	Adjust partial denture-maxillary	\$25
D5422	Adjust partial denture-mandiblar	\$25
D5510	Repair broken complete denture base	\$50
D5520	Replace missing or broken teeth-complete denture (each tooth)	\$50
D5610	Repair resin denture base	\$60
D5630	Repair or replace broken clasp	\$100
D5640	Replace broken teeth-per tooth	\$50
D5650	Add tooth to existing partial denture	\$60
D5660	Add clasp to existing partial denture	\$100

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
OFFICE OF AMBULATORY CARE
APPROVED DENTAL CODES

Attachment - II

CDT-4	DESCRIPTION	RATE
D5730	Reline complete maxillary denture (chairside)	\$70
D5731	Reline complete mandibular denture (chairside)	\$70
D5740	Reline maxillary partial denture (chairside)	\$70
D5741	Reline mandibular partial denture (chairside)	\$70
D5750	Reline complete maxillary denture (laboratory)	\$140
D5751	Reline complete mandibular denture (laboratory)	\$140
D5760	Reline maxillary partial denture (laboratory)	\$140
D5761	Reline mandibular partial denture (laboratory)	\$140
D5850	Tissue conditioning, maxillary	\$50
D5851	Tissue conditioning, mandibular	\$50
D5899	Unspecified removable prothodontic procedure, by report	\$150
D6211	Pontic-cast predominantly base metal	\$325
D6241	Pontic-porcelain fused to predominant metal	\$325
D6245	Pontic-porcelain/ceramic	\$325
D6251	Pontic-Resin with predominantly base metal	\$325
D6930	Recement fixed partial denture	\$50
D6980	Fixed partial denture repair, fixed	\$75
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$41
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$85
D7220	Removal of impacted tooth-soft tissue	\$100
D7230	Removal of impacted tooth-partially bony	\$135
D7240	Removal of impacted tooth-completely bony	\$165
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$100
D7285	Biopsy of oral tissue-hard (bone, tooth)	\$100
D7286	Biopsy of oral tissue-soft(all others)	\$30
D7510	Incision and drainage of abscess-intraoral soft tissue	\$50
D9110	Palliative (emergency) treatment of dental pain-minor procedure	\$45
D9220	Deep Sedation/general anesthesia-first 30 minutes	\$127
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$25
D9430	Office visit for observation (during regularly scheduled hours)-no other services performed	\$20
D9440	Office visit-after regularly scheduled hours	\$20
D9610	Therapeutic drug injection, by report	\$15
D9930	Treatment of complications (post-op)-unusual circumstances, by report	\$15

DENTIST'S SELF VERIFICATION FORM

Name _____
(Last) (First) (Initial) (Title - DDS, DMD)

Address _____

City _____ State _____ Zip _____

Telephone (work) _____ Telephone (home) _____

Social Security No. _____ - _____ - _____

License No. _____ Expiration Date _____

Drug Enforcement Administration (DEA) License No. _____

Expiration Date _____

Specialty _____ Board Status _____

Hospital, PPP, IPA Affiliation(s):

Are you County employed? Yes _____ No _____

County contract _____

Location of Practice (address) _____

I am a subcontractor to Name _____

Address _____

Do you have any previous and/or outstanding medical malpractice claims?

Yes _____ No _____

EXHIBIT C - ATTACHMENT III
Page 2 of 2

If so, please describe: _____

Do you have any current filings under Business and Professions Code Section 805?

Yes _____ No _____

If so, please describe: _____

Do you have any National Practitioner Data Bank filings?

Yes _____ No _____

If so, please describe: _____

Do you have any previous or outstanding actions taken or pending by the California Board of Dental Examiners?

Yes _____ No _____

If so, please describe: _____

I, _____, attest that the information provided is accurate and true.

Signature

Date

EXHIBIT D

BILLING AND PAYMENT – DENTAL CARE SERVICES

1. Electronic Billings to County: Contractor shall be reimbursed for dental care services to Eligible Patients hereunder at the rates set forth on Attachment __, Dental Rates, but only for those dental care services listed under this Agreement by visit codes and procedures.

Contractor shall submit to County's Claims Adjudicator data elements substantially similar to those found on the dental billing form heretofore approved by Director ("Billing Form"). Such data shall be submitted electronically for each dental care visit provided to an Eligible Patient monthly in arrears. None of Contractor's dentists or other providers shall separately bill County or Eligible Patients or their families for services hereunder.

2. Manual Billings to County: If electronic billing between Contractor and County's Claims Adjudicator is not operational, Contractor shall bill County's Claims Adjudicator manually using the Billing Form completed in duplicate. All manual information must be submitted on a Billing Form, as approved by Director, and shall follow the same billing time frames identified in the Electronic Billings To County Paragraph of this Exhibit. Contractor shall retain one billing copy for its own records and shall forward the original billing copy to County's Claims Adjudicator.

3. Billing Guidelines: Contractor shall follow the billing guidelines contained in this Exhibit and as set forth in any Provider Information Notices ("PIN"), which shall be provided to Contractor as necessary according to the process set forth in this

Agreement. Addresses, both electronic and U.S. mailing, for billing of County shall be provided to Contractor prior to the commencement of services hereunder through a PIN.

4. County's Manual Reprocessing of Contractor's Denied and Canceled Claims: If claims were denied or canceled through no fault of County or County's Claims Adjudicator, Contractor shall pay County the appropriate County contract, per-claim fee billed County by County's Claims Adjudicator. Contractor shall be advised by Director, by means of a PIN, of the current fee charged to County. The County shall recoup payment due from Contractor for denied or canceled claims by requesting payment from Contractor, which repayment shall be remitted forthwith by Contractor to County by check made payable to the County of Los Angeles or by withholding such amount from the usual monthly payment for Contractor's services under this Agreement as an off-set .

5. Records: Subject to the conditions and terms set forth in this Agreement, Contractor agrees to make all billing, eligibility, and medical records immediately available and open to inspection or review, subject to the applicable provisions of Federal and State law, during normal business hours, to Director, for inspection, audit, and copying.

Such records shall be retained in accordance with the RECORDS AND AUDITS Paragraph, subparagraph "A", Records of Services Rendered, of the ADDITIONAL PROVISIONS of this Agreement.

6. County's Fiscal Year Reimbursement: Subject to the County's Fiscal Year Maximum Obligation Paragraph, County shall pay one hundred percent (100%) of the electronic and/or manual claims submitted by Contractor on a monthly basis within thirty

(30) days of the claims processed by County's Claims Adjudicator, after the receipt of complete, correct, and timely Billing Forms or electronic billing, in accordance with its normal accounts payable procedures.

County's Claims Adjudicator shall reconcile all claims, except for patients twenty-one (21) years and older as of the date of the visit, against the most recent State Medi-Cal eligibility history file before processing the claims for payment and deny any Medi-Cal eligible claim, Contractor shall receive a Remittance Advice indicating: 1) eligible Medi-Cal denied claims, 2) other denied claims; 3) reason for denial; 4) summary of denied claims by reason code.

Contractor shall maintain a system of record keeping that will allow Contractor to determine when it has incurred seventy-five percent (75%) of the Contract's Sum. Upon occurrence of this event, Contractor shall send written notification to PPP Program Manager.

Within six (6) months of the end of the fiscal year, Director shall have the discretion to conduct a "final" Medi-Cal reconciliation in which County shall reconcile all claims submitted by all Contractors over the terms of their respective Agreements against a database containing the identities of all Medi-Cal eligible PPP patients to determine whether any Contractor has included, and has therefore been reimbursed for, claims for Medi-Cal "pending" patients who have, since the time that Contractor submitted its claims, become Medi-Cal "eligible" patients.

If the final Medi-Cal reconciliation process indicates that Contractor has been reimbursed for Medi-Cal eligible patients, following Director's written notice, Contractor

shall within thirty (30) calendar days remit to County the amount indicated on Director's written notice.

Notwithstanding the foregoing, if Director determines at any time that Contractor has been overpaid, following Director's written notice, the amount of the overpayment shall be either: (1) credited against any amounts due by the County to Contractor; or (2) paid within thirty (30) calendar days by Contractor to County.

If Director determines that Contractor has been underpaid, the amount of the underpayment shall be paid to Contractor within thirty (30) days from the it was discovered. However, County shall not pay to Contractor an amount in excess of the County maximum obligation under this Agreement, except as may be expressly specified elsewhere in Agreement.

7. Pharmacy: Contractor shall be reimbursed for its costs of pharmaceuticals provided Eligible Patients at Denti-Cal rates utilizing the National Drug Codes ("NDC") in effect as of the date the prescription is written. However, Contractor shall not bill and shall not be reimbursed by County for pharmaceuticals Contractor has received as a donation or which have been provided to Contractor under another County contract. If no definitive Denti-Cal rate for a pharmaceutical provided an Eligible Patient exists, County shall have no obligation to reimburse Contractor for that pharmaceutical.

8. Denti-Cal Pendings: Contractor shall not bill County for Denti-Cal pending patients until the Denti-Cal application has been denied.

EXHIBIT E

DESCRIPTION OF SERVICES – SPECIALTY CARE SERVICES

1. Specialty Care Services: Contractor shall provide outpatient specialty care services which include, but are not necessarily limited to office visits and procedures, outpatient surgery, or consultations. Services include support services, charting to medical records, and administrative management. For purposes of this Agreement, specialty care services are limited to those services identified in Exhibit __, Attachment __, "SCOPE OF SERVICES-SPECIALTY CARE", attached hereto and incorporated herein by reference. All specialty services provided will be within the scope of the physician specialist's licensure and will be identified for billing purposes by the appropriate Current Procedural Terminology ("CPT") code(s) as defined in the latest publication of the American Medical Association.

Contractor shall ensure that all medically appropriate primary care services (including ancillaries) have been provided for the patient's medical condition before initiating specialty care under this Agreement.

Contractor shall also be responsible for prescribing and providing medically indicated pharmaceutical services or supplies, prescription medications, and over-the-counter medications required in conjunction with the specialty care services.

2. Staffing: Contractor shall provide a sufficient number of providers who are linguistically and culturally competent. For constituencies amounting to ten (10) percent or more of Contractor's patient population at facility, such linguistically competent staff shall be available to provide translation services. Linguistically and culturally appropriate patient education material shall also be available to Contractor's patients.

3. Workplan: Contractor shall follow Contractor's PPP Program Specialty Service Workplan attached hereto and incorporated herein by reference as Attachment___. Any changes to the Workplan must have the prior written consent of the Director.

4. Contractor's Obligations: Contractor shall do the following:

A. Operations:

1) Hours of Operation: Contractor shall adhere to the hours of operation set forth in Attachment___, Contractor's Workplan. Contractor shall notify Director in writing of any changes to the specified hours of operation. Any decrease to the specified hours of operation must be requested of Director in writing and shall be at the discretion of the Director to approve.

a. A proposed closure for a holiday which is not recognized by the County as an official holiday must be communicated in writing to Director at least thirty (30) calendar days prior to the planned closure. The Director shall respond to Contractor in writing with his or her decision at least fourteen (14) calendar days prior to the proposed closure. The County's current official holidays are: New Year's Day, Martin L. King, Jr. Day, President's Day, Memorial Day, Fourth of July, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and the day after, and Christmas Day.

b. If the above procedures have not been followed, and a change in its clinic service site hours or days of operation is made by Contractor without Director's authorization, Contractor shall be assessed by the County the amounts set forth as liquidated damages in the LIQUIDATED DAMAGES Paragraph of the body of this Agreement, and not as a penalty, for each regular County day of business following such unauthorized change. Such assessment shall continue until the clinic service site has returned to the new hours and days of operation.

2) Facility Service Sites: Contractor shall provide services at the service sites set forth in Attachment ___, Contractor's Workplan.

3) Referral and Notification: Contractor shall adhere to the referral and notification process set forth in Attachment ___, Contractor's Workplan, in the event that Contractor must a) close its practice to new PPP Program eligible patients, and/or b) close its practice due to circumstances beyond its control.

If Contractor must close its practice at a particular site, to new PPP Program eligible patients, the closure must apply to all new PPP Program eligible patients. Notwithstanding the foregoing, Contractor shall be permitted to accept the following new PPP Program eligible patients: new PPP Program eligible patients who are clients in one of Contractor's other services or clinic programs or new PPP Program eligible patients who are family members or caretakers of an existing patient receiving regular care

at the site. Contractor shall document such information in the new PPP Program eligible patient's medical chart upon the patient's first visit as a PPP Program eligible patient. Contractor shall not be permitted to select and reject new PPP Program eligible patients on criteria such as symptoms, condition or disease.

Contractor shall notify County in writing not less than fourteen (14) calendar days prior to closing its practice as described above. Until such time as Contractor determines it shall reopen its practice in any form, Contractor shall notify County in writing fourteen (14) calendar days in advance. In the event that Contractor closes its practice as described above, Contractor shall submit monthly written reports to County which provide the number of patients referred and the name of the agency(ies) that the patients were referred to. Such reports shall be submitted to the County of Los Angeles Department of Health Services, Office of Ambulatory Care, 5555 Ferguson Drive, Suite #210-01, Los Angeles, California 90022, Attention: Director.

In the event that County learns and verifies that Contractor has closed only to selected, new PPP Program eligible patients, based upon the above criteria or for any other reason, such conduct shall be considered a material breach of contract upon which County may immediately terminate or suspend this Agreement. County, at its sole option, may obtain damages from Contractor resulting from said breach.

4) Patient Eligibility: Contractor shall verify and document patient eligibility for services under this Agreement in accordance with the PATIENT ELIGIBILITY Paragraph of the body of this Agreement. Verification of patient's Los Angeles County residency, income and insurance status must be documented in the patient's medical record through the inclusion of the completed, signed, and dated COI. Such documentation must be maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS.

In accordance with the NON-EMERGENCY MEDICAL CARE SERVICES REQUIREMENTS Paragraph of this Agreement, PPP Program eligible patients receiving public health related services are exempt from the Los Angeles County residency verification process.

5) Credentialing and Contractor's Physicians: Contractor shall provide to Director a signed and dated Physician Self Verification Form, Attachment __, attached hereto and incorporated herein by reference, for each physician providing services under this Agreement, which shall be submitted to Director within sixty (60) calendar days of the effective date of this Agreement and within thirty (30) calendar days of notification to Director that Contractor is adding a physician.

As set forth in the PERSONNEL Paragraph of the ADDITIONAL PROVISIONS, Contractor shall maintain a provider credentialing process, which adheres to the established health care industry credentialing standards and guidelines.

Contractor is required to credential and re-credential its physicians and other medical health care professionals. Contractor is responsible for and agrees that all physicians and other medical health care professionals are credentialed during the term of this Agreement.

Contractor's credentialing program shall include, but not be limited to, requirements from one of the following credentialing bodies: (1) State requirements for licensed Community Clinics; (2) National Committee for Quality Assurance ("NCQA"); (3) Joint Commission on Accreditation of Healthcare Organizations ("JCAHO"); and (4) any other credentialing body approved by Director.

In the event a service provider is not credentialed under Contractor's credentialing program, Contractor may accept and have on file documentation that the service provider has been credentialed by another responsible provider group or hospital acceptable to Director. Contractor is responsible and shall bear the costs for credentialing its service providers.

Contractor's credentialing program will include policies and procedures related to clinical credentialing which will include disciplinary actions and an appeal process to a practitioner impacted by adverse determination(s). Contractor's credentialing program will implement a system for the reporting of deficiencies to appropriate authorities which may result in suspension or termination of a practitioner.

Contractor may not add any new physicians without prior written notice to Director and appropriate credentialing of these physicians.

Contractor must also provide written notice to Director of any physician that is no longer available to provide services under this Agreement within thirty (30) calendar days of the change.

B. Patient Care

1) Specialty Services: Contractor shall provide outpatient specialty care services which include, but are not necessarily limited to office visits and procedures, outpatient surgery, or consultations. Services include support services, charting to medical records, and administrative management. For purposes of this Agreement, specialty care services are limited to the services identified in Attachment ___, "SCOPE OF SERVICES-SPECIALTY CARE".

2) Pharmacy: Contractor shall also be responsible for prescribing and providing medically indicated pharmaceutical services or supplies, prescription medications, and over-the-counter medications required in conjunction with the specialty care services.

C. Program Management: In accordance with Attachment ___, Contractor's Workplan, Contractor must manage contract resources to ensure that there are sufficient funds over the term of this Agreement to provide same-day or walk-in services to those patients needing urgent care and provide regular, scheduled appointments for returning patients, as medically necessary and provide services to new patients.

D. Performance Measurement:

1) Baseline Measurements: Information provided in the Contractor's approved Workplan provides baseline information for components of performance reports.

2) Monthly Reports: The County will issue monthly reports to Contractor to summarize performance of individual agencies. Information on the monthly reports will be derived from claims adjudication data.

3) Quarterly Reports: Contractor shall provide quarterly reports to the County, as needed, providing information on volume of clinic workload, changes in capacity, and other data that is not available to the Department except through agency self-reporting. County shall notify Contractor of submission due dates and reporting requirements, as appropriate, via the Provider Information Notice process.

4) Performance Improvement: Contractor shall participate in County activities to improve performance across the PPP Program, and across the larger network of DHS and PPP Program network. As reasonable, this may include performance meetings with individual contractors, peer review meetings, and the review and development of new policies and procedures.

**PLACEHOLDER FOR
EXHIBIT E – ATTACHMENT I
“CONTRACTOR’S WORKPLAN”**

SCOPE OF SERVICES - SPECIALTY CARE

Contractor may provide or arrange on an out-patient basis, for the provision of Specialty Care services listed below. All services must be rendered pursuant to the provisions of this Agreement and within the scope of the Contractor's physicians' and other practitioners' licensure. Submission of claims for services rendered will be limited to the services within the categories listed below.

Out-Patient Medical Specialty Services:

Services include the professional component, ancillaries, support services, charting to medical records, and administrative management. Specialty services include the procedures recognized by Medi-Cal under the American Medical Association's Current Procedural Terminology ("CPT") Publication. The following are the recognized CPT codes under the Agreement:

99201-99205
99211-99215
99241-99245
99271-99275
99381-99384 (By age group)
99391-99394 (By age group)
99432

All ICD 9 Codes will be accepted from authorized specialty providers. Contractor's provision of medical specialty services shall be to those specialty care areas which follow:

- a) Dermatology, ENT, Gynecology, Ophthalmology, Optometry, Podiatry, Cardiology, Endocrinology, Gastroenterology, General Surgery, Hematology, Infectious Disease, Nephrology, Pulmonary, Orthopedics, Neurology, Allergy, and Rheumatology.

Contractor acknowledges and agrees that any provision of additional types of specialty care services under this Agreement requires submission of a written request to the Director. County will not reimburse Contractor for the provision of specialty care services not listed above without obtaining the Department's written approval.

SPECIALTY CARE PHYSICIAN SELF VERIFICATION FORM

Name _____
(Last) (First) (Initial) (Title - MD)

Address _____

City _____ State _____ Zip _____

Telephone (work) _____ Telephone (home) _____

Social Security No. _____ - _____ - _____

License No. _____ Expiration Date _____

Drug Enforcement Administration (DEA) License No. _____

Expiration Date _____

Specialty _____ Board Status _____

Hospital, PPP, HWLA, CCEP, IPA Affiliation(s):

Are you County employed? Yes _____ No _____

County contract _____

Location of Practice (address) _____

I am a subcontractor to Name _____

Address _____

Do you have any previous and/or outstanding medical malpractice claims?

Yes _____ No _____

If so, please describe: _____

Do you have any current filings under Business and Professions Code Section 805?

Yes _____ No _____

If so, please describe: _____

Do you have any National Practitioner Data Bank filings?

Yes _____ No _____

If so, please describe: _____

Do you have any previous or outstanding actions taken or pending by the California Board of Medical/Dental Examiners?

Yes _____ No _____

If so, please describe: _____

I, _____, attest that the information provided is accurate and true.

Signature

Date

EXHIBIT F

BILLING AND PAYMENT – SPECIALTY CARE SERVICES

1. Electronic Billings to County: Contractor shall be reimbursed for services to Eligible Patients hereunder at applicable Medi-Cal Rates for Specialty Care Services. Contractor agrees billing claims will identify services and procedures utilizing the American Medical Association's Current Procedural Terminology ("CPT") publication for specialty care services.

Contractor shall be reimbursed at the applicable Medi-Cal Rates in effect as of the date of service, but only for those specialty care services listed under this Agreement by visit codes and procedures.

Contractor shall submit to County's Claims Adjudicator data elements substantially similar to those found on the specialty billing form heretofore approved by Director ("Billing Form"). Such data shall be submitted electronically for each specialty care visit provided to an Eligible Patient monthly in arrears.

None of Contractor's physicians or other providers shall separately bill County or Eligible Patients or their families for services hereunder.

2. Manual Billings to County: If electronic billing between Contractor and County's Claims Adjudicator is not operational, Contractor shall bill County's Claims Adjudicator manually using the Billing Form completed in duplicate. All manual information must be submitted on a Billing Form, as approved by Director. Contractor shall retain one billing copy for its own records and shall forward the original billing copy to County's Claims Adjudicator. None of Contractor's physicians or other providers shall separately bill County or Eligible Patients or their families for services hereunder.

3. Billing Guidelines: Contractor shall follow the billing guidelines contained in this Exhibit and as set forth in any Provider Information Notices ("PIN"), which shall be provided to Contractor as necessary according to the process set forth in this Agreement. Addresses, both electronic and U.S. mailing, for billing of County shall be provided to Contractor prior to the commencement of services hereunder through a PIN.

4. County's Manual Reprocessing of Contractor's Denied and Canceled Claims: If claims were denied or canceled through no fault of County or County's Claims Adjudicator, Contractor shall pay County the appropriate County contract, per-claim fee billed County by County's Claims Adjudicator. Contractor shall be advised by Director, by means of a PIN, of the current fee charged to County. The County shall recoup payment due from Contractor for denied or canceled claims by requesting payment from Contractor, which repayment shall be remitted forthwith by Contractor to County by check made payable to the County of Los Angeles or by withholding such amount from the usual monthly payment for Contractor's services under this Agreement as an off-set.

5. Records: Subject to the conditions and terms set forth in the body of Agreement, Contractor agrees to make all billing, eligibility, and medical records immediately available and open to inspection and review, subject to the applicable provisions of federal and State law, during normal business hours, to Director and authorized State and Federal representatives, for inspection, audit, and copying.

Such records shall be retained in accordance with the RECORDS AND AUDITS Paragraph, subparagraph "A", Records of Services Rendered, of the ADDITIONAL PROVISIONS of this Agreement.

6. County's Fiscal Year Reimbursement: Subject to the County's Fiscal Year Maximum Obligation Paragraph, County shall pay one hundred percent (100%) of the electronic and/or manual claims submitted by Contractor on a monthly basis within thirty (30) days of the claims being processed by County's Claims Adjudicator, on condition that County's Claims Adjudicator first receives complete, correct, and timely Billing Forms or electronic billing, in accordance with its normal accounts payable procedures.

County's Claims Adjudicator shall reconcile all claims against the most recent State Medi-Cal eligibility history file before processing the claims for payment and deny any Medi-Cal eligible claim. Contractor shall receive a Remittance Advice indicating: 1) eligible Medi-Cal denied claims, 2) other denied claims; 3) reason for denial; 4) summary of denied claims by reason code.

Contractor shall maintain a system of record keeping that will allow Contractor to determine when it has incurred seventy-five percent (75%) of the Contract's Sum. Upon occurrence of this event, Contractor shall send written notification to the Director, Office of Ambulatory Care.

Within six (6) months of the end of the fiscal year, Director shall have the discretion to conduct a "final" Medi-Cal reconciliation in which County shall reconcile all claims submitted by all Contractors over the terms of their respective Agreements against a database containing the identities of all Medi-Cal eligible CCEP patients to determine whether any Contractor has included, and has therefore been reimbursed for, claims for Medi-Cal "pending" patients who have, since the time that Contractor submitted its claims, become Medi-Cal "eligible" patients.

If the final Medi-Cal reconciliation process indicates that Contractor has been reimbursed for Medi-Cal eligible patients, following Director's written notice, Contractor shall within thirty (30) calendar days remit to County the amount indicated on Director's written notice.

Notwithstanding the foregoing, if Director determines at any time that Contractor has been overpaid, the amount of the overpayment shall be either: (1) credited against any amounts due by the County to Contractor or (2) paid within thirty (30) calendar days by Contractor to County.

If Director determines that Contractor has been underpaid, the amount of the underpayment shall be paid to Contractor within thirty (30) days from the date the underpayment was determined. However, County shall not pay to Contractor an amount in excess of the County maximum obligation under this Agreement, except as may be expressly specified elsewhere in Agreement.

7. Pharmacy: Contractor shall be reimbursed for its costs of pharmaceuticals provided Eligible Patients at Medi-Cal rates utilizing the National Drug Codes ("NDC") in effect as of the date the prescription is written. However, Contractor shall not bill and shall not be reimbursed by County for pharmaceuticals Contractor has received as a donation or which have been provided to Contractor under another County contract. If no definitive Medi-Cal rate for a pharmaceutical provided an Eligible Patient exists, County shall have no obligation to reimburse Contractor for that pharmaceutical.

8. Medi-Cal Pendings: Contractor shall not bill County for Medi-Cal pending patients until the Medi-Cal application has been denied.

EXHIBIT G

DESCRIPTION OF SERVICES – PRIMARY HEALTH CARE SERVICES

SOUTH LOS ANGELES MEDICAL SERVICES PRESERVATION FUND SERVICES

1. **DESCRIPTION:** The South Los Angeles Medical Services Preservation Fund Program is intended to address the regional impact of the closure of Martin Luther King, Jr., (MLK) Hospital and will help defray County costs for treating uninsured patients in the South Los Angeles area. The South Los Angeles Medical Services Preservation Fund Program seeks to maintain or improve the patient's current level of health and reduce morbidity, while enhancing objective, measurable quality of care outcomes. Further, the goal of this program is to provide benefits and service enhancements, such as expanded evening and weekend urgent care and/or walk-in visits that are currently provided under existing Public-Private Partnership Program Health Care Services Agreements for Strategic and Traditional Partners.

2. **CONTRACTOR'S OBLIGATIONS:** Contractor shall:

A. Continue to provide primary care services under the terms and conditions of this Agreement, including rates of payment, to eligible PPP Program patients.

B. Provide urgent care to eligible PPP Program patients. Urgent care is defined as a PPP visit that is provided on a walk-in basis or through appointments available within 24 hours of the patient contacting Contractor for an appointment. Fifty percent of visits reimbursed under the South Los Angeles Medical Services Preservation Fund Program must be provided after hours (after

5:00 p.m.), on the week-end or in the early morning hours. Hours which overlap with regular clinic hours will qualify.

C. Refer eligible PPP Program patients to a Disease Management Program when available.

3. PERFORMANCE MEASUREMENT:

A. County Monthly Reports: The County will issue monthly reports to Contractor to summarize performance of individual agencies, and comparisons to contractors similar in size and organization, and to South Los Angeles Medical Services Preservation Fund providers across the entire system. Information on the monthly reports will be derived from claims adjudication data, Contractor's monthly reports, annual monitoring/audit reports, and other sources.

B. Contractor's Monthly Reports:

1. Contractor shall develop a system to identify that visits provided under this amendment are provided after 5:00 p.m., week-ends, early mornings, same day or scheduled appointment within 24 hours of contacting contractor.

2. Contractor shall provide monthly reports to the County providing information on volume of clinic workload, changes in capacity, and other data that is not available to the Department except through agency self-reporting

C. Work Plan: Within fourteen (14) days of contract approval by County's Board of Supervisors, Contractor shall

provide to County a plan detailing the days and hours that services will be provided under this amendment and describing how it will document that the services provided under this amendment are on a walk-in basis or scheduled appointment that is provided within 24 hours of patient contacting the Contractor. Within fourteen (14) days of receipt, Director shall evaluate the Work Plan for its sufficiency and shall either (1) accept it, with written notification to Contractor of such; or (2) reject it, with written commentary, for correction of noted deficiencies by Contractor. Thereafter, Contractor shall correct all deficiencies and return the Work Plan to Director for acceptance. This process shall continue until Director deems, in writing, that Contractor's Work Plan is accepted. Upon acceptance of the Work Plan, it shall be attached to this Exhibit as Attachment I and incorporated herein by this reference.

**PLACEHOLDER FOR
EXHIBIT G – ATTACHMENT I
“CONTRACTOR’S WORKPLAN”**

**COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
PUBLIC-PRIVATE PARTNERSHIP (PPP) PROGRAM/HEALTHY WAY LA (HWLA) PROGRAM/CLINIC
CAPACITY EXPANSION PROJECT/CLINIC RESTRUCTURING PROGRAM
CERTIFICATION OF INDIGENCY**

SECTION A. PATIENT INFORMATION

Patient Name: _____

*Patient Address: _____

Medical Record # _____ Acct. # _____ Visit Date: _____

* Required to satisfy County residency policy. If homeless, Affidavit of Residency is required.

SECTION B. HOUSEHOLD/INCOME INFORMATION

Total Number of Family Members Living in the Home: _____

**Total Net Family Income: _____

** Net family monthly income means the income received by the patient and the patient's responsible relatives less taxes.)

SECTION C. PATIENT CERTIFICATION

I certify that, as of today's date, I, (or patient), do/(does) not have Medi-Cal, Medicare, or private health insurance. During the next twelve (12) months, if a change in my health care coverage, family size, or net family income later occurs, I promise to immediately report that fact to my Public-Private Partnership (PPP) provider.

I further certify and declare under penalty of perjury under the laws of the State of California that the information I have provided is true and complete. I understand that a random number of patients will be asked later for proof of some or all of the information used for this certification and that a credit check may be done. I understand that I am expected to save documents I might have that would help prove that what I said today is true, (for example, copies of pay stubs, income tax returns, bank statements, property statements, receipts, etc.), for 12 months from the date of this certification. If I am asked for these documents in the next 12 months, I will have 20 days to mail or bring the information to the facility or to give some other acceptable verification. If I am asked for this proof and don't provide it, I may be held responsible for the full charges for my medical care.

Patient/Responsible Relative Signature: _____

Date: _____

SECTION D. INDIGENCY DETERMINATION

Patient is indigent: Yes ☐ No ☐

County/Partner Reviewer: _____ Date: _____

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PUBLIC-PRIVATE PARTNERSHIP PROGRAMS**

AFFIDAVIT OF RESIDENCY

Patient: _____ Facility Name: _____

Medical Record No.: _____ Service Date: _____

I am a resident of the County of Los Angeles. I intend to remain in the County of Los Angeles and do not maintain a home in another state/country. I cannot provide proof of my current address. I certify through my signature that the statement given below is true and correct.

I currently live at:

Any person who signs this statement and who willfully states as true any material matter which s/he knows to be false is subject to the penalties prescribed for perjury in the penal code by the State of California Sec. 11054 of the W. & I. Code.

Signature: _____

Patient or Responsible Relative

_____ Date

Contact for medical reasons:

Name: _____

Address: _____

Telephone Number: _____

Witness Signature

Telephone Number

_____ Date

EXHIBIT J

CONDITIONS OF SPACE USE

Agency Name _____

1. Authority for Use: Contractor is hereby granted permission to utilize, for the term of this Agreement and in accordance with the following terms and conditions, the County space ("Premises") identified in Exhibit K. Contractor may occupy such space solely for the provision of health services in accordance with this Agreement. Contractor understands that this space use does not constitute the conveyance by County to Contractor of any estate or interest in real or personal property. Contractor shall not use County's property for financing purposes.

Contractor acknowledges that Contractor has performed a personal inspection of the Premises and the surrounding area and evaluation of the extent to which the physical condition thereof will affect the Agreement. Contractor accepts the Premises in its present physical condition on an as-is basis and agrees to make no demands upon County for any improvements or alterations thereof.

County reserves the right, with a thirty (30) day advance written notice, to terminate this provision, upon execution of a formal lease agreement with County's CEO Real Estate Division.

2. Parking: Contractor is authorized to use up to ___ () non-exclusive and non-reserved parking spaces located on the Premises, on a first come, first served basis.

3. Value of Space: The parties acknowledge that the total square footage of Premises (including common space) hereunder is _____, and that the

square footage occupied by Contractor hereunder is _____ square feet, i.e., _____ percent (___%) of the total square footage of Premises. The annual rental value of such space at Premises is _____ Dollars (\$_____), i.e., \$____ per square foot. This space is provided to Contractor in exchange for the provision of services under this Agreement.

County and Contractor shall be responsible for their respective prorated share of space support costs: (___) utilities, including gas, electricity, and water; (___) trash and refuse collection; (___) landscaping; and (___) general repair and maintenance; (___) general security; and (___) all necessary janitorial and other housekeeping services for Premises, according to the respective percentage of square footage occupied by County and Contractor. However, Contractor shall not be responsible for any County administrative overhead costs associated with Contractor's space support costs. ("Administrative overhead costs" for purposes of this Paragraph shall mean those administrative costs billed to County's Department of Health Services by County's Internal Services Department for its services, or any Indirect Cost Proposal ("ICP") costs incurred by County's Department of Health Services.)

Within thirty (30) days of the effective date of this Agreement, Contractor and County shall determine which of the Premises maintenance services identified above Contractor shall administer, and which Premises maintenance services County shall administer. A complete list of the agreed upon maintenance services and the party responsible for each of those services shall be attached to this Exhibit as Attachment I and incorporated herein by this reference within thirty (30) days of full execution of this Agreement.

Effective with the commencement of services under this Agreement, Contractor shall assume financial responsibility for its percentage share of the Premises maintenance services identified above. In addition, Contractor shall be responsible for its own telephone/data service and any damage beyond normal wear and tear.

County's Department of Health Services Finance Divisions – Health Services Administration or Department of Public Health, as appropriate, shall invoice Contractor on a quarterly basis for its responsible percentage of space support and Premises maintenance services identified above. Contractor shall remit payment within thirty (30) days of receipt of invoice. Contractor shall remit payment to the DHS or DPH contact set forth on Attachment II. In the event that Contractor fails to remit payment within the time frame specified herein, County, at its sole discretion, may be off-set the amount owed to County against any payments which County may owe Contractor under this Agreement.

Contractor shall be solely responsible for maintenance of equipment and furniture located on or in the Premises, to their current condition. Such equipment is described in the Equipment and Furniture Inventory.

Contractor shall submit a written request to the DHS or DPH contact set forth on Attachment III should Contractor determine equipment and/or furniture is no longer usable for services provided under this Agreement. County shall not be responsible for the replacement of equipment and/or furniture nor for the cost of obtaining replacement equipment and/or furniture.

Contractor, subject to the conditions defined below, shall be responsible at its cost for improvements it may desire for the Premises it occupies, including compliance with the Americans with Disability Act ("ADA").

4. Operational Space Responsibilities: Contractor shall:

- A. Keep the Premises in a clean and sanitary manner.
- B. Conduct the authorized activities in a courteous and professional manner; remove any agent, servant, or employee who fails to conduct the authorized activities on the Premises in the manner heretofore described.
- C. Repair any and all damage beyond normal wear and tear to Premises arising out of the conduct of the authorized activities on the Premises.
- D. Maintain all existing and subsequently County-installed security devices required for protection of fixtures and personal property belonging to County, Contractor, and its employees, from theft, burglary, or vandalism.

Written approval for the installation of all personal property and fixtures belonging to the Contractor on Premises hereunder, except office furniture such as desks and chairs and medical equipment such as exam tables, blood pressure cuffs, and otoscopes, must be first obtained in writing from County using the point of contact designated on Attachment III.

- E. Comply with all applicable municipal and County ordinances, and all State and Federal laws, and in the course thereof, obtain and keep in effect all permits and licenses required to conduct the permitted activities on the Premises.

F. Assume the risk of loss, damage, or destruction to any and all fixtures and personal property belonging to Contractor that are installed or placed within the Premises

G. Upon termination of this Agreement, and upon the written request of County, restore the Premises to the conditions that existed prior to the commencement date of this Agreement other than for: 1) ordinary wear and tear and damage or destruction from forces beyond the control of Contractor, and 2) approved alterations, additions, or betterments made by Contractor in accordance with Paragraph 5 hereinbelow.

5. Alterations and Improvements to Premises:

Contractor shall not make either structural or non-structural alterations or improvements to the Premises without the prior written consent of County, including its Chief Executive Officer ("CEO"). County shall set forth the appropriate point of contact for consent within DHS or DPH Facilities Management and the CEO on Attachment III. County shall approve or disapprove such alteration, improvement, or installation requests from Contractor within thirty (30) calendar days of receipt of Contractor's written request. Any alterations, improvements, or installations so approved shall be done at Contractor's sole expense and in full compliance with the ADA.

In the event that Contractor proposes any structural alteration or repair of Premises following occupancy of the Premises hereunder, then, prior to the commencement of any such alteration or repair, Contractor shall obtain the prior written approval of the plans and specifications for such alteration or repair from County using the point of contact set forth on Attachment III. County shall approve or disapprove

such proposals from Contractor within thirty (30) calendar days of receipt of Contractor's written request. County may condition its approval upon posting of such performance and labor and material bonds (with County named as an additional obligee) at Contractor's expense, to assure the satisfactory and timely completion of the proposed alteration or repair.

During the construction of any improvements, course of construction (Builder's Risk) insurance providing Special Form ("all-risk") coverage, and including flood and earthquake, shall be provided covering the Contractor's interests and any County materials, equipment, and furnishings, in an amount equal to one hundred percent (100%) of the then full replacement cost of Contractor's interests and County materials, equipment, and furnishings. Coverage shall be written on a completed value basis, and include builder's risk renovations, breach of warranty, debris removal (including compliance with applicable legal requirements), pollutant clean-up and removal, preservation of property, collapse during construction, and theft. The policy or policies shall have an aggregate deductible of no greater than five percent (5%).

In the event that the estimated cost of any such alteration or repair, including labor and material, exceeds Ten Thousand Dollars (\$10,000), then such alteration or repair may be subject to the competitive bidding requirements of State law.

Plans and specifications for alterations or installation of equipment may also require Office of Statewide Health, Planning and Development approval.

The performance of any such alteration or repair shall be subject to the State Constitution, and Federal and State statutes and regulations, including but not limited to, the prevailing wage and hour provisions of the California Labor Code, local laws and

codes, and County ordinances, as well as the prior written approval of County. Any alteration or repair of Premises hereunder shall become County property, or at County's sole election, County may require Contractor, at Contractor's expense, to restore the Premises to the condition as existed prior to any such alteration or repair, except for normal wear and tear and any improvement approved by County.

All personal property, fixtures, and equipment, which are not owned by County and which have been installed or placed by Contractor on the Premises, shall be removed by Contractor by the expiration or termination date of this Agreement. In the event of failure to remove such property or fixtures in accordance herewith, title to such property or fixtures shall vest in County, or County may elect to have such property or fixtures removed and stored, the cost of which shall be borne by Contractor. At County's written request, Contractor shall restore Premises to the original condition, excepting normal wear and tear and any improvement approved by County.

Except as noted above, all permanent alterations, additions, or betterments to the Premises furnished by Contractor or by County during the term of this Agreement, whether authorized by County or not, shall remain the property of County upon the termination of this Agreement.

Should Contractor make any alterations or improvements without the prior written approval of County, or fail to comply with any conditions imposed by this Paragraph 5, County may, at any time, during the term of this Agreement, and in addition to any other rights and remedies set forth in this Agreement (1) require that Contractor remove all of any part of such alterations or improvements, (2) remove the alterations or improvements and charge Contractor for the cost of such removal, (3) notify Contractor

of County's intent to retain the alterations or improvements upon termination or expiration of the Agreement, and/or (4) terminate the Agreement and require Contractor to vacate the Premises immediately.

6. Title: Contractor hereby acknowledges the title of County in and to the Premises and covenants and agrees never to assail, contest, or resist said title.

7. Occupancy: While this Agreement confers on Contractor permission to occupy the Premises in accordance with the terms and conditions hereinabove specified, it does not grant or reserve to Contractor any other interest or estate therein.

8. Right to Entry: The Premises shall be open to the inspection of authorized County representatives at any time; however, County shall use its best efforts to notify Contractor as soon as possible of the entry.

9. Administration of County Space: County does not grant or delegate to Contractor hereunder any of its governmental powers (statutory, implied, administrative, or otherwise) with respect to County space which is the subject of this Agreement.

10. Authority to Stop: In the event County finds that any activity conducted by Contractor on County property endangers the health or safety of County patients, County personnel, or others, Contractor shall forthwith cease such activity. In addition, County may close or secure the property on which the activity has been conducted until the endangering activities cease.

11. Acknowledgment of Ineligibility for Relocation Assistance: Contractor expressly acknowledges that Contractor will be situated upon the Premises as a result of County's previously acquired property interest. In recognition of such fact, Contractor hereby disclaims any status as a "displaced person" as such is defined in Government

Code section 7260, and hereby acknowledges its ineligibility for relocation assistance as provided in Government Code sections 7260 through 7277.

12. Surrender of Premises: Upon termination or expiration of this Agreement, Contractor shall immediately vacate the Premises described in Exhibit K.

13. Equipment, Supplies, Staffing: Except as otherwise may be expressly noted herein, Contractor shall furnish all furniture, equipment, supplies, and staff required to provide services hereunder.

14. Damage to County Facilities, Buildings, or Grounds:

A. Contractor shall repair, or cause to be repaired, or make due diligent efforts to begin such repair beyond normal wear and tear, at its own cost, any and all damage to County facilities, buildings, or grounds caused by Contractor, employees of Contractor, or persons or companies making pick-ups from or deliveries to Contractor. Such repairs or due diligent efforts to begin such repairs shall be made immediately after Contractor has become aware of such damage, but in no case later than thirty (30) calendar days after the occurrence.

B. If Contractor fails to make timely repairs, County may make any necessary repairs. All costs incurred by County for such repairs shall be repaid by Contractor by cash payment within thirty (30) calendar days of the date of County's invoice thereof or, at Director's discretion, may be set-off against any payments which County may owe Contractor.

C. Contractor shall notify County in writing of any County facility, building, or grounds repair at the Premises caused by normal wear and tear.

County's DHS or DPH Facilities Management Divisions, as appropriate, shall review each request for repair and work with the appropriate sections.

D. The appropriate DHS or DPH Facilities Management Division to contact shall be set forth on Attachment III.

15. Capital Expenditures: Except for damage caused by Contractor, its staff and personnel, or persons or companies making pick-ups from or deliveries to Contractor, Contractor's obligation to repair and maintain Premises as stated hereunder shall not include capital expenditures. For purposes of this Agreement, capital expenditures are defined as those which; 1) extend the useful life of the Premises; and 2) exceed \$10,000 in labor and materials to repair or replace Premises building systems, e.g., roofing, heating, air conditioning, electrical, and plumbing. This provision is not intended to impose on County any obligation to make capital expenditures.

16. Taxes:

A. County shall have no liability or responsibility for any taxes, including, but not limited to, sales, income, or property taxes, which may be imposed in connection with or resulting from this Agreement or Contractor's performance hereunder. Subject to any exemptions to which Contractor may be legally entitled, Contractor shall have liability and responsibility for all such taxes, including any which may be levied or assessed upon the personal property and fixtures belonging to County.

B. Contractor understands and agrees that the rights granted by this Agreement to occupy the Premises may create a possessory interest subject to real property taxation or assessment thereon, or both, and that Contractor shall

pay any such tax or assessment unless any exemptions to which Contractor may be legally entitled removes such liability.

C. Contractor shall be bound by the requirements of the Master Lease if County provides space to Contractor as applicable.

D. County shall provide Contractor with copy o Master Lease, if applicable, within thirty (30) days of full execution of this Agreement.

CONDITION OF SPACE USE EXHIBIT J - ATTACHMENT I

SERVICES AND RESPONSIBILITIES

[Insert services and responsibilities, here]

CONDITION OF SPACE USE EXHIBIT J - ATTACHMENT II

REMIT PAYMENT – CONTACT INFORMATION

For Department of Health Services:

Eva Guillen, Interim Chief
Department of Health Service, Fiscal Services
313 North Figueroa Street, Suite 505
Los Angeles, California 90012

For Department of Public Health:

Jeremy Cortez, Chief Financial Officer
Public Health Finance
5555 Ferguson Drive, Suite 100-50
Commerce, California 90022

NOTE: The names of contact persons are listed as current, and may change in the future.

CONDITION OF SPACE USE EXHIBIT J - ATTACHMENT III

EQUIPMENT/FURNITURE – CONTACT INFORMATION

For Department of Health Services:

Facilities Management Division, Chief
Health Services Administration
313 North Figueroa Street, Room 707
Los Angeles, California 90012

For Department of Public Health:

Facilities Management Division, Chief
Public Health Facilities Management
5555 Ferguson Drive, Suite 320-50
Commerce, California 90022

EXHIBIT K

CONTRACTOR: _____

COUNTY FACILITY: _____

AUTHORIZED SPACE

The authorized space (shaded areas) to be occupied by Contractor shall include that certain square footage of the total square footage of the _____ for Contractor's exclusive use as well as shared space with County, further described in Exhibit , Conditions of Space Use . The _____ space is depicted below:

EXHIBIT L

CONDITIONS FOR USE OF COUNTY-OWNED EQUIPMENT AND FURNITURE AT COUNTY FACILITIES

1. Equipment and Furniture Maintenance: Contractor, Agents, employees, invitees, and visitors shall maintain, repair, and provide regular preventive maintenance and cleaning for all County-owned equipment and furniture located at Facility and made available for Contractor use for primary care services under this Agreement.

Contractor shall assure that County-owned equipment and furniture shall be used only by staff who are properly trained and who have demonstrated competence in its use.

Contractor shall respond immediately to all malfunctions of the equipment and furniture to make necessary repairs, but only as long as such equipment and furniture have remaining useful life. Contractor shall maintain a repair log documenting dates of service and repair calls, and shall maintain regular preventive maintenance schedules for servicing, cleaning, and checking the equipment and furniture for possible malfunctions, under manufacturer's warranty or otherwise.

2. Inventory of Equipment and Furniture:

A. Initial and Supplemental Inventories: Such County-owned equipment and furniture is listed in Exhibit __, County of Los Angeles Department of Health Services Equipment and Furniture Inventory (Inventory), attached hereto. Within sixty (60) calendar days of County Board of Supervisors' ("Board") approval to loan County-owned equipment and furniture to Contractor, Contractor and Director shall complete the Inventory, using Exhibit __, for all

County-owned equipment and furniture (both medical and office) located in Contractor's premises at Facility which may be used by Contractor. The Inventory shall be dated and signed by Director and Contractor.

For each such item on the Inventory, the specific condition as agreed upon by Director and Contractor will be indicated. The Inventory may be periodically supplemented and dated and signed by Director and Contractor to include any additional equipment and furniture which Director may wish to loan Contractor, if County's Board has first approved such use by Contractor.

Contractor may return any such equipment and furniture to Director from time-to-time during the term of this Agreement upon reasonable advance written notice to Director, and such returned items shall be removed from the Inventory and reflected accordingly on a supplemental Inventory dated and signed by Director and Contractor.

Contractor shall bear the responsibility and related costs for removing any such equipment and furniture located at Facility and returning same to County site(s) designated by Director, in the same condition specified in the Inventory, less consideration for normal wear and tear, and, if it is not, Contractor shall reimburse County at its cost for repairing or replacing same at its actual cash value, as determined by County's Purchasing Agent (i.e., replacement value less depreciation equals actual cash value), for any damaged or missing County equipment and furniture, or Director, at his/her option, may deduct such cost from any sums due Contractor from County (unless the damage was due to

earthquake or flood). Director and Contractor shall mutually agree to the date(s) for delivery to County of the returned items.

Copies of the original Inventory, together with any executed supplements thereto which may be added to the original Inventory from time-to-time during the course of the Agreement, shall be retained by each party for the duration of Agreement, and for a period of at least five (5) years following the expiration or prior termination of this Agreement.

B. Final Inventory and Return of Equipment and Furniture: At the expiration or prior termination of this Agreement, a final Inventory shall be prepared in writing by Director and Contractor; and Contractor shall reimburse County at its cost for repairing or replacing any damaged or missing County equipment and furniture at its actual cash value, as determined by County's Purchasing Agent (i.e., replacement value less depreciation equals actual cash value), or Director, at his/her option, may deduct such cost from any sums due Contractor from County (unless the damage was due to earthquake or flood).

At the expiration or prior termination of this Agreement, Contractor shall be entitled to remove equipment and furniture given to Contractor by third-parties or purchased and installed by Contractor, provided however, that Contractor shall restore premises to the original condition excepting normal wear and tear.

At the expiration or prior termination of this Agreement, Contractor shall provide Director with immediate access to, and possible removal by County staff of, any and all County equipment and furniture reflected on the Inventory and any updates thereto.

Director may conduct periodic physical inventories or examinations of County-owned equipment and furniture located in Contractor's premises at Facility during the term of this Agreement.

3. Proprietary Interest Retained by County:

A. Proprietary Interest: In accordance with all applicable Federal, State, and County laws, ordinances, rules, regulations, manuals, guidelines, and directives, County shall retain all proprietary interest, except for use during the term of this Agreement, in all County equipment and furniture loaned to Contractor hereunder. Upon the expiration or earlier termination of this Agreement, the discontinuation of the business of Contractor, the failure of Contractor to comply with any of the provisions of this Agreement, the bankruptcy of Contractor or its giving of an assignment for the benefit of creditors, or the failure of Contractor to satisfy any judgment against it within thirty (30) calendar days of filing, County shall have the right to take immediate possession of all such equipment and furniture, without any claim for reimbursement whatsoever on the part of Contractor. Director, in conjunction with Contractor, shall place identifying labels and inventory control numbers on all such County property indicating the proprietary interest of County, and Contractor shall not remove such labels or control numbers. Contractor shall not use such equipment or furniture for financing purposes.

B. Inventory, Records, and Controls: Contractor shall continuously maintain an accurate and complete Inventory, records, and controls for all

County-owned equipment and furniture loaned to Contractor and designated for the provision of services hereunder.

C. Protection of County Property: Contractor shall take all reasonable precautions to protect all equipment and furniture loaned by County hereunder, against damage or loss by fire, theft, burglary, vandalism, and malicious mischief. During the term of Agreement and until its return to County, Contractor shall maintain, repair, protect, and preserve said equipment and furniture to assure its full availability and usefulness for the performance of services under this Agreement.

All such equipment and furniture shall be used only for the performance of services under this Agreement.

EXHIBIT M

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES (DHS)

**EQUIPMENT AND FURNITURE INVENTORY
(PLEASE COMPLETE - TYPEWRITTEN ONLY)**

Date Inventory Taken: _____ County Contract No. _____
(To be assigned by DHS Contracts & Grants)

Contractor Name: _____

Contractor and Director shall initially complete this Inventory within sixty (60) calendar days of County Board of Supervisors' approval to loan County-owned equipment and furniture to Contractor.

The County-owned equipment and furniture itemized below is located at the following Board-approved County Facility service site:

<u>DESCRIPTION</u>	<u>COUNTY INVENTORY NO.</u>	<u>QUANTITY</u>	<u>CONDITION</u>	<u>REPLACEMENT VALUE</u>
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EXHIBIT _

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES (DHS)

EQUIPMENT AND FURNITURE INVENTORY
(PLEASE COMPLETE - TYPEWRITTEN ONLY)

Date Inventory Taken: _____

County Contract No. _____

(To be assigned by DHS Contracts & Grants)

Contractor Name: _____

<u>DESCRIPTION</u>	<u>COUNTY INVENTORY NO.</u>	<u>QUANTITY</u>	<u>CONDITION</u>	<u>REPLACEMENT VALUE</u>
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Signatures:

Contractor's Authorized Representative

Date

Print Name

Title

DHS Authorized Representative

Date

Print Name

Title